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ASSESSMENT OF DISASTER RELIEF PREPAREDNESS CAPABILITIES NETWORKS IN THE EUCOM, PACOM, AND SOUTHCOM AREAS OF RESPONSIBILITY

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December 2014

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Prior MBA projects have analyzed the capabilities of various in-theater non-government organizations (NGOs) and their interactive efforts with the U.S. military toward rapid and effective humanitarian assistance and disaster relief. Those works, which focused on three Areas of Responsibility (AOR) (European Command, Pacific Command, and Southern Command) encompassed dozens of independent countries, thousands of miles of land and ocean, and 88 different NGOs, intended to provide guidance for decision makers to avoid redundancy in efforts and achieve more effective distribution of essential resources.   However, inconsistent research methods and differing standards were applied across AOR, causing a lack of convenience and comparability of the data when evaluated as a whole.

Our work systematically evaluated each NGO for the three AOR and universally applied a standardized financial and capabilities analysis to provide consistent and comparable results for decision makers. Commanders can now readily determine which NGO is best suited to perform the type of assistance required in the AOR based on financial stability and internationally accepted definitions of competency.

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LIST OF ACRONYMS AND ABBREVIATIONS

AAH	Action Against Hunger
ADRA	Adventist Development Relief Agency
AFRICOM	U.S. Africa Command
AOR	areas of responsibility
ART	Americas Relief Team
CENTCOM	U.S. Central Command
CEPAR	Johns Hopkins Office of Critical Preparedness and Response
CFI	Child Fund International
CHOW	Courtland Humanitarian Outreach Worldwide
CI	Care International
COCOM	combatant command
CPI	Counterpart International
CRS	Catholic Relief Services
CW	Concern World United States of America
CWS	Church World Services
DOD	Department Of Defense
DRI	Direct Relief International
EPI	expanded program on immunization
ERD	Episcopal Relief Development
EUCOM	U.S. European Command
FACE	Foundation for the Advancement of Children's Esthetics
FAVACA	Florida Association for Volunteer Action in the Caribbean and the Americas
FH	Food for Hunger
HA/DR	Humanitarian Assistance and Disaster Relief
HHI	Heart to Heart International
ICRC	International Committee of the Red Cross
IFRCS	International Federation of Red Cross and Crescent Societies
IOCC	International Orthodox Christian Charities
IRC	International Rescue Committee
IRD	International Relief and Development

IRS	Internal Revenue Service
IRT	International Relief Teams
JTF	joint task force
LWR	Lutheran World Relief
MCC	Mennonite Central Committee
MCI	Mercy Corps International
MISP	minimum initial service package
MMDC	Midwest Mission Distribution Center
MSF	Médecins Sans Frontières/Doctors without Borders
MTI	Medical Team International
NGO	non-government organization
NORTHCOM	U.S. Northern Command
NPA	Norwegian People's Aid
NPS	Naval Postgraduate School
NRC	Norwegian Refugee Council
OFDA	Office of U.S. Foreign Disaster Assistance
PACOM	U.S. Pacific Command
PTPI	People to People International
RI	Relief International
RNRN	Registered Nurse Response Network
SCM	supply chain management
SOUTHCOM	U.S. Southern Command
UCSD PDS	University of California San Diego Pre-Dental Society
UMCOR	United Methodist Committee on Relief
UN	United Nations
USAID	U.S. Agency for International Development
WASH	water supply, sanitation, and hygiene promotion
WVI	World Vision International

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I. INTRODUCTION

A. BACKGROUND

Natural disasters affect every continent in the world, and under the right conditions, can result in widespread devastation. In the aftermath of such an event, the trail of human suffering and misery can be immense. In 2012 alone, 357 natural disasters were reported in 120 countries around the world, resulting in the deaths of 9,655 people (Guha-Sapir, Hoyois & Below, 2013). An additional 122.9 million people were victimized by these events and the resulting damages topped US $157.3 billion (Guha-Sapir, Hoyois & Below, 2013). By contrast, the disaster frequency observed in 2012 was well below the annual average observed from 2002 to 2011, and represented the lowest level of associated human impact recorded over the same time period (Guha-Sapir, Hoyois, & Below, 2013). Even the relatively low volume of activity in 2012 demonstrates just how damaging natural disasters can be. Additionally, as the effects of climate change become more pronounced, the projected frequency of rapid-onset climate related disasters such as those created by hurricanes and flooding is expected to rise (Ferris, 2012).

The destruction and human suffering that follows a large-scale natural disaster can be profound. An immediate and appropriately scaled response is crucial in alleviating suffering and avoiding additional casualties. When disaster occurs, it is the responsibility of a country's government to respond to the basic needs of its citizens. However, a government's ability to act can be diminished by the impact of a natural disaster and in a large scale catastrophe limited resources can become quickly scarce. A natural disaster, especially if it has a sudden onset and affects large areas, is the most difficult and complex in terms of humanitarian operations (Apte, 2009), and as a result, the host country can be completely overwhelmed. Typically, it is the international community that fills the void when local authorities are unable to adequately respond.

Over the last several decades, an international humanitarian network composed of various and diverse actors has gradually taken form. UN agencies, government

departments, national and international non-government organizations (NGO), civil groups, military organizations, and less traditional participants such as businesses have melded into a humanitarian patchwork that brings to bear extensive resources and capabilities (Ferris, 2012).

While collectively these organizations represent substantial means, in a complex humanitarian effort a high degree of organization and cooperation is also required. What is needed is an understanding of the competencies and capabilities of military as well as non-military organizations (Apte and Yoho, 2011), so that the DOD can effectively and efficiently respond to humanitarian crises. Most humanitarian agencies lack the resources and experience to coordinate a large scale relief effort on their own. In her piece on the future of civil-military response to natural disasters, Ferris (2012) noted that, "in the aftermath of the earthquake in Haiti… hundreds of community groups and NGOs arrived in the country, most of them with the best intentions but with little experience in disaster response" (p. 2). Major disasters like Haiti in 2010 have demonstrated the need for greater coordination between humanitarian actors and have highlighted unfamiliarity with the capabilities and competencies that each provides. Because no single humanitarian organization has the know-how or resources to respond to all the needs that arise in a humanitarian crisis, collaboration between actors must exist. As Waugh and Streib (2006) note, "collaborative networks are a fundamental component of any emergency response" (p. 134). Responding humanitarian agencies can improve efficiencies while avoiding wasteful duplication of efforts through sufficient knowledge of and effective collaboration with the other actors involved. For this reason, it is critical that all humanitarian actors open lines of communication with potential partners and actively participate in the establishment of collaborative networks.

B.   MOTIVATION

It is the policy of the United States Department of Defense (DOD) to conduct and support stability operations both domestically and internationally. This policy requirement acknowledges that an integrated civil-military effort is essential in successful stability operations and authorizes U.S. military forces to collaborate with "foreign

governments and security forces, international governmental organizations, nongovernmental organizations, and private sector firms as appropriate to plan, prepare for, and conduct stability operations" (Under Secretary of Defense for Policy, 2009, p. 2). Stability operations are a core competency of the U.S. military and are expected to be conducted with the same proficiency and effectiveness as combat missions (Under Secretary of Defense for Policy, 2009).

In the last decade alone the U.S. military has been thrust into numerous humanitarian aid and disaster relief (HA/DR) missions, both at home and abroad. From earthquakes in the Middle East to tsunamis in the Indian Ocean and from drought in Africa to hurricanes at home, the U.S. military is routinely called upon to play a significant role in humanitarian operations. While relieving human suffering is a key objective in any HA/DR mission, U.S. participation also provides important strategic benefits. Military and diplomatic relationships with other countries are strengthened through U.S. involvement and foreign public opinion of the United States generally improves. Additionally, humanitarian participation enhances U.S. influence abroad and provides valuable opportunities for U.S. military personnel to gain knowledge of foreign societies and customs in key geographical areas (Bergin & Yates, 2011). However, in the fiscally strained environment in which the U.S. military currently operates, the benefits of these "soft missions" are being called into question. Former Chief of Naval Operations (CNO) Admiral Gary Roughead (USN Ret.) along with his colleagues Morrison, Cullison and Gannon (2013) responded to critics by noting that "among U.S. diplomats posted in countries that have received U.S. Navy humanitarian assistance, there is wide agreement that humanitarian missions expand U.S. access and influence, improve foreign opinion of the United States, and strengthen relationships with other countries and partner organizations" (p. 2). Even if the benefits of stability operations are assumed there is no denying that, in this era of austerity, operational efficiencies must be realized in order for the U.S. military to conduct effective HA/DR missions in the future.

Additional pressure on humanitarian resources could come from the effects of climate change. Rapid-onset disasters that might be impacted by climate change include tropical storms, flash floods, wild fires, dust and ice storms, and emerging infectious

diseases (McGrady, Stewart, & Kingsley, 2010). While the U.S. military does not respond to all these types of disasters, it has played significant roles in humanitarian efforts following large scale cyclones. Though no clear link has been discovered between rising temperatures and increased tropical storm frequency it is clear that higher temperatures lead to elevated levels of water vapor in the atmosphere. While this decreases large-scale tropical circulation, increased atmospheric water vapor can intensify cyclones when conditions are right for them to form (Bengtsson, 2007). As McGrady et al. (2010) point out in their report on the potential impacts of global warming on U.S Military HA/DR operations:

> Between the 20th and 21st centuries there was a 12% decrease in number of storms, but there was an increase, from 12 to 17, in cyclones with maximum winds > 112 mph (50 m/s). Overall maximum wind speed increased from 181 to 195 (81 to 87 m/s). This seems to apply to all regions. (p. 17)

Because the U.S. has committed military forces in the past when local governance has become overwhelmed; an upsurge in the number of category 4/5 cyclones as determined by the Saffir-Simpson scale could dramatically increase the need for future military involvement. What is needed is an understanding of competencies and capabilities of military as well as non-military organizations (Apte & Yoho, 2011) so that DOD can effectively and efficiently respond to a humanitarian crisis.

The United States has a long standing history of lending support to fellow nations in times of natural disaster and humanitarian crisis. This stance was further solidified when the DOD enacted policy that established stability operations as one of the military's core missions. However, in an era of fiscal austerity and considering the impact global warming could have on the frequency and intensity of future rapid-onset natural disasters, it is more critical now than ever that the U.S. Military actively seek to develop a highly collaborative network of humanitarian aid providers that can be utilized to maximize the resources and abilities of all those involved when disaster strikes.

C.   RESEARCH PURPOSE

When the U.S. military is asked to respond to a natural disaster, the humanitarian effort can involve numerous civilian NGOs and international government organizations (IGOs). Command relationships between these organizations may be unclearly defined and appropriate coordination and cooperation will be critical to achieve an effective operation. Military decision makers are challenged not only with ensuring compliance with existing DOD policies and guidance, but must also decide when and how to access the resources and competencies of other stakeholders in order to achieve commonly held goals. Military planners should recognize that these stakeholders exist outside the military's command and control structure and will likely continue humanitarian activities within the operational area long-after U.S. military forces depart (Joint Chiefs of Staff, 2014). According to the latest guidance released by the Joint Chiefs (2014):

> Coordination and collaboration are essential in dealing with these organizations. The strategic goals or operating procedures of all concerned may not be identical, or even compatible; however, with thorough collaboration and planning with concerned entities everyone can contribute to successful operations. (pp. II-1)

In order for the U.S. military to effectively conduct HA/DR operations within an AOR they must develop an understanding of the organizations currently operating there.

This basic requirement lead to the works of Daniels (2012), Nguyen and Curley (2013), and Harper, Koelkebeck and Fitz-Gerald (2013), each of which developed a catalog of actively operating NGOs that the U.S. military could potentially collaborate with in the European Command (EUCOM), Pacific Command (PACOM) and Southern Command (SOUTHCOM) areas of responsibility (AOR), respectively. Nguyen and Curley (2013) furthered the application by providing an objective fiscal analysis that highlighted the financial efficiency of each of the NGO's operating in the PACOM AOR. To this, Harper et al. (2013) added an additional layer of analysis to the SOUTHCOM NGOs by implementing an internationally recognized set of minimum-capability standards criteria for humanitarian response. The application of these criteria, established by a voluntary initiative known as The Sphere Project, provides a clearer assessment of each NGO's capabilities and limitations.

In this project, we will advance the existing work of Daniels (2012), Nguyen and Curley (2013), and Harper et al. (2013) by applying the financial efficiency and Sphere analysis to all NGOs identified by the afore mentioned authors in the EUCOM, PACOM and SOUTHCOM AORs. The goal of this project will be to provide military planners with a broad based breakdown of the core capabilities and competencies of NGOs operating in their AOR as well as the financial efficiency of each to carry out its mission. This comprehensive analysis will provide planners the necessary foundation on which to build a strong humanitarian network that can be utilized to effectively and efficiently respond to future HA/DR needs.

D.   METHODOLOGY

The NGOs analyzed in this project were identified in Daniels (2013), Nguyen and Curley (2013), and Harper et al. (2013). The authors started with a comprehensive list of NGOs for their respective AOR obtained from The World Bank. These organizations were then systematically reduced to include only those that possessed HA/DR support capabilities. From there, further financial analysis was conducted to narrow the remaining NGOs down to the final list. The remaining NGOs were then vetted against five criteria that included; core mission, capabilities, religious affiliation, training, and willingness to liaise with military forces (Daniels, 2012; Nguyen and Curley, 2013; Harper et al., 2013). The analysis identified 88 NGOs across the EUCOM, PACOM and SOUTHCOM AORs that make up the basis for this project.

In the first part of this project, we took the methodology developed by Harper et al. (2013) to assess the capabilities of NGOs in the SOUTHCOM AOR and applied it to the EUCOM and PACOM AORs. Their analysis was developed around a voluntary humanitarian initiative known as The Sphere Project. This initiative established "internationally recognized sets of common principles and universal minimal standards in life-saving areas of humanitarian response" (Harper et al., 2013, p. 5). The primary areas where minimal standards were developed include: "(1) water supply, sanitation and hygiene promotion; (2) food security and nutrition; (3) shelter, settlement and non-food items; (4) and health action" (Harper et al., p. 64). Using information attained from the

NGOs' websites we analyzed each organization against the Sphere Project criteria. This analysis was conducted and compiled using the scorecard model developed by Harper et al. in 2013. The information was then condensed into a decision-making tool that provides military planners a quick reference summary of the capabilities and limitations of each NGO within the AOR. NGOs are scored on the four core competency criteria identified by the Sphere Project and a color coded assessmet is provided to each. Green represents a NGO's full capability in a respective core competency, while yellow and red represent partial and no capability respectively (Harper et al., 2013).

The second part of this project involved replicating the financial analysis conducted by Nguyen and Curley (2013) in the PACOM AOR and applying it to both the EUCOM and SOUTHCOM AORs. To do this, we collected the most recent financial data from each NGO's website. These data primarily came in the form of an organization's annual report, IRS Form 990, or a self-reported financial statement. All financial data reported in foreign currencies was converted to U.S. dollars. We then examined the revenue sources and expense categories for each organization. Revenues were aggregated across all funding sources and expenses were organized into one of two categories, mission expense or support expense. We determined mission efficiency by calculating the percentage of total expenditures that the NGO applied directly towards its stated primary mission (Nguyen & Curley, 2013). We determined an overall financial efficiency by comparing total expenses to revenues generated during the period. Using these ratios we are able to evaluate how well an NGO is able to provide mission services while remaining financially viable. This information is added to the color coded SPHERE assessment described previously to provide a similar quick-reference to financial efficiency.

E. LIMITATIONS

The goal of this project is to provide military planners within EUCOM, PACOM and SOUTHCOM with information on the humanitarian NGOs operating in their AORs. While these AORs cover a significant geographical area, this catalogue of NGOs is by no means comprehensive due to the limitations of this project.

The first limitation is that this project focuses on only half of the current U.S. Unified Combatant Commands (UCCs). The DOD has organized the world into six UCCs that include Africa Command (AFRICOM), Central Command (CENTCOM), European Command (EUCOM), Northern Command (NORTHCOM), Pacific Command (PACOM) and Southern Command (SOUTHCOM). While all UCCs support disaster relief efforts, this project will focus only on the EUCOM, PACOM and SOUTHCOM AORs (Daniels, 2012).

Second, the NGOs selected in each AOR represent only a fraction of the total NGOs presently operating in these regions. The time and resources required to study the competencies and limitations of all NGOs operating in even a single AOR are outside the scope of this project. To narrow the focus within each region, organizations were considered based upon their effectiveness, funding and size. The organizations total annual revenue was established as the primary determining measure because of a strong correlation between and the amount of funding an NGO receives and its capacity to provide (Daniels, 2012). By applying this criterion, the number of NGOs being considered was reduced to 88; however, the total number of NGOs operating in these three AORs exceeds 500 organizations.

II. LITERATURE REVIEW

A. FOCUSED LITERATURE

A focused literature review of each of the 88 NGO's websites was conducted in previous works. For the readers' convenience, we summarize that information by Unified Combatant Command AOR in Tables 1-3.

Table 1.   Humanitarian NGOs in the EUCOM AOR

NGO	Description	Source
Action Against Hunger	ACF International, a global humanitarian organization committed to ending world hunger, works to save the lives of malnourished children while providing communities with access to safe water and sustainable solutions to hunger.	(Daniels, 2012, p. 11) http://www.actionagainsthunger.org
Adventist Development Relief Agency	ADRA seeks to identify and address social injustice and deprivation in developing countries. The agency's work seeks to improve the quality of life of those in need. ADRA invests in the potential of these individuals through community development initiatives targeting Food Security, Economic Development, Primary Health and Basic Education. ADRA's emergency management initiatives provide aid to disaster survivors.	(Daniels, 2012, p. 11) http://www.adra.org
Care International	CARE is a leading humanitarian organization fighting global poverty. We place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of disease, increases access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.	(Daniels, 2012, p. 11) http://www.care.org
Catholic Relief Services	CRS assists impoverished and disadvantaged people overseas, working in the spirit of Catholic Social Teaching to promote the sacredness of human life and the dignity of the human person. Although our mission is rooted in the Catholic faith, our operations serve people based solely on need, regardless of their race, religion or ethnicity. Within the United States, CRS engages Catholics to live their faith in solidarity with the poor and suffering of the world.	(Daniels, 2012, p. 12) http://crs.org
Child Fund International	Implementing child development, protection and emergency assistance programs through local communities. No other child development agency has such a recognized history of establishing lasting relationships with local community leaders and people in power who can affect change. Child Fund began in 1938 as China's Children Fund, an emergency relief organization for those displaced by conflict. From these origins, the value of trusted on-the-ground networks became our guiding principle.	(Daniels, 2012, p. 12) http://www.childfund.org

NGO	Description	Source
Church World Service	Church World Service is people reaching out to neighbors in need near and far-- not with a hand out, but a hand up. So, if you're looking to help build a better world—a world where there's enough for all—you've come to the right place! We're working with partners in the U.S. and around the world to build interfaith and intercultural coalitions to eradicate hunger and poverty and promote peace and justice. Together, we're supporting sustainable grassroots development, disaster relief, and refugee assistance.	(Daniels, 2012, p. 12) http://www.churchworldservice.org
Counterpart International	Counterpart International's Humanitarian Assistance Program has mobilized both communities and diverse donor resources to help the world's most vulnerable populations: children, orphans, the poor, the elderly, the disabled, refugees from war and victims of disasters. Counterpart provides a bridge between immediate, basic needs and long-term development. Ensuring that people have homes and food may only be the first step in developing a prospering society, but it is an essential one in helping communities help themselves long after the foreign aid withdraws.	(Daniels, 2012, p. 13) http://www.counterpart.org
Direct Relief International	Direct Relief works daily to equip healthcare providers who care for vulnerable people on an ongoing basis and during emergencies. Our strong network of trusted partners enables Direct Relief to assess immediate healthcare needs, understand the situation on the ground, and respond quickly and efficiently when a disaster strikes. This solid and extensive network is the foundation of our emergency principles and preparedness work. Each emergency is unique and has specific characteristics that are dependent upon local facts and circumstances.	(Daniels, 2012, p. 13) http://www.directrelief.org
Heart to Heart International	Heart to Heart International has been creating a healthier world since 1992. Our mission is to improve global health through initiatives that connect people and resources to a world in need. Through our mobilization efforts, we provide medical education, deliver medical aid, respond to people in crisis and address community-health concerns around the globe.	(Daniels, 2012, p. 13) http://www.hearttoheart.org
International Federation of the Red Cross and Red Crescent	The IFRC carries out relief operations to assist victims of disasters, and combines this with development work to strengthen the capacities of its member National Societies. The IFRC's work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness, and health and community care.	(Daniels, 2012, p. 14) http://www.ifrc.org
International Orthodox Christian Charities	In seeking to provide assistance to those in need, either in response to emergencies or to meet long-term socioeconomic development needs, IOCC's fundamental policy is to develop a sustainable indigenous capacity to carry out such programs. All programs are guided by program integrity and the highest standards of stewardship and accountability to donors. Overseas offices are established by IOCC if the Orthodox hierarchy of the country in question have made a request; if there is a need to use IOCC skills to enhance the capacity of the Church and other institutions to reach the poor more effectively; and if the scale of the program requires an on-site presence to monitor targeting of beneficiaries, program implementation and reporting.	(Daniels, 2012, p. 14) http://www.iocc.org

NGO	Description	Source
International Rescue Committee	A natural disaster or an outbreak of war or violence can turn lives upside down in an instant, killing or driving millions of people from their homes and devastating communities. When catastrophe strikes, the International Rescue Committee delivers rapid, lifesaving aid that reduces suffering, restores dignity and jump starts economic recovery.	(Daniels, 2012, p. 15) http://www.rescue.org
International Relief Teams	Natural and man-made disasters can occur without warning anywhere in the world. International Relief Teams (IRT) offers both immediate and long-term relief to disaster victims. IRT is vigilant in choosing appropriate responses to emergency situations, so that its resources can be leveraged to their highest effectiveness. IRT medical teams rush to aid victims of earthquakes, hurricanes, and floods, as well as those caught in the turmoil of war and genocidal conflict.	(Daniels, 2012, p. 15) http://www.irteams.org
Islamic Relief USA	Since its inception, one of Islamic Relief's primary goals has been to provide rapid relief for disaster victims. Partnerships in some three dozen countries maximize Islamic Relief's ability to respond to urgent situations with speed and efficiency, as well as cultural sensitivity. Islamic Relief's emergency aid efforts often include the distribution of food, water and clothing; the construction of temporary shelters; and the administration of vital medical care.	(Daniels, 2012, p. 15) http://www.irusa.org
Médecins Sans Frontières/Doctors Without Borders	Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation.	(Daniels, 2012, p. 16) http://www.msf.org
Mennonite Central Committee	MCC responds to the needs of communities facing disasters or war, often launching projects that continue over months or even years. While MCC provides funds, MCC workers and partners often comment on the faith, hope and courage of communities themselves to rebuild, despite the challenges. In addition to disaster or emergency response, MCC also strives to meet long-term needs and make communities stronger.	(Daniels, 2012, p. 16) http://www.mcc.org
Mercy Corps International	Today, Mercy Corps is helping 19 million people recover from disasters, build stronger communities and find their own solutions to poverty. Since its founding in 1979, Mercy Corps has provided $2.2 billion in assistance to people in 114 countries. The agency consistently ranks as one of America's most effective and efficient charitable organizations. Over the last five years, more than 88 percent of resources have been allocated directly to programs that help families turn crisis into opportunity in some of the world's most challenging places.	(Daniels, 2012, p. 16) http://www.mercycorps.org
Medical Teams International	Emergencies are unpredictable and life-changing. The best outcomes demand a swift, coordinated effort. In collaboration with field staff, partners, government agencies and volunteers, Medical Teams International responds to natural and man-made disasters within 48 hours. When disasters strike, we are there. We have responded to dozens of man-made and natural disasters since 1979. Our work has reached survivors of genocide, floods, tsunamis, hurricanes, earthquakes and complex humanitarian crises.	(Daniels, 2012, p. 17) http://www.medicalteams.org

NGO	Description	Source
Norwegian People's Aid	Norwegian People's Aid Health and Rescue Service save lives and is active in prevention work and damage limitation. We work actively to strengthen the position of volunteer work in the country's rescue services and to secure good framework conditions, and demand that operative personnel are not exposed to loss of earnings. Norwegian People's Aid Health and Rescue Service stands prepared to assist the national Search and Rescue service. Whatever the time of day or night, crews are deployed to assist search and rescue operations across the country. Such preparedness makes great demands of our volunteers.	(Daniels, 2012, p. 17) http://www.npaid.org
Norwegian Refugee Council	A situation that involves a conflict or natural disaster often affects the population's access to food and water. Conflict, with its associated collapse of social, political and economic systems, is a major cause of food insecurity for households. Agricultural production is disrupted, employment opportunities are decreased and livelihoods assets are looted or destroyed. Consistent with saving lives and curbing malnutrition, the overall objective of this core activity is to support the food security and livelihoods of people affected by displacement.	(Daniels, 2012, p. 17) http://www.nrc.no
Relief International	Relief International meets the immediate needs of victims of natural disasters and civil conflicts worldwide with the provision of food rations, clean water, non-food items, transitional shelter and emergency medical services. Beyond emergency situations, Relief International's field teams provide long term health and nutrition services to communities in need by operating clinics and training health workers. Relief International also provides water and sanitation programming, providing communities with access to clean water, decreasing the incidence of communicable diseases, and improving quality of life.	(Daniels, 2012, p. 18) http://www.ri.org
The Salvation Army International	From sites of natural and man-made disasters to places of human conflict, the Salvation Army is there to provide compassion and practical support to those in real and sudden need. The Army strives to provide first for the immediate physical needs but beyond that, ministry for the aching heart and the weary soul.	(Daniels, 2012, p. 18) http://www.salvationarmy.org
United Methodist Committee on Relief (UMCOR)	When a natural or human-caused disaster strikes outside of the United States, UMCOR serves as the primary channel for United Methodist assistance. In the short term, UMCOR steps in to ease human suffering. In the long term, we work in accompaniment with local partners toward capacity building and Disaster Risk Reduction. In the aftermath of a disaster, UMCOR cooperates with local bishops, district superintendents, and church leaders to help them develop their own response mechanisms.	(Daniels, 2012, p. 18) http://www.umcor.org

NGO	Description	Source
World Relief	As a relief organization with a mission to love others as we love God, our Disaster Response team operates out of a commitment to serve our neighbors experiencing crisis. The way we respond depends deeply on the nature of the disaster, the country, the economic and geo-political situation at hand. We immediately begin to assess the situation to determine the most appropriate actions. This response takes on several forms including empowering the local church, empowering our teams already on the ground, or empowering an indigenous organization. Our Disaster Response team prioritizes interventions devoted to empowering local churches to provide effective post-disaster and disaster mitigation assistance to their communities. Eligibility for assistance is not limited to churches, but may, depending on the situation, apply to networks, indigenous organizations and local evangelical humanitarian organizations.	(Daniels, 2012, p. 19) http://worldrelief.org
World Vision International	World Vision identifies places at risk of disaster, prepares resources and staff in high-risk zones, and builds capacity and resilience among communities to help them protect themselves before an emergency and rebuild afterwards. Each year, World Vision sets aside a certain amount of money that can be made available very quickly to launch urgent disaster responses.	(Daniels, 2012, p. 19) http://www.wvi.org

Table 2.   Humanitarian NGOs in the PACOM AOR

NGO	Description	Source
Action Against Hunger	Leader in the fight against malnutrition, Action Against Hunger International saves the lives of malnourished children while providing communities with access to safe water and sustainable solutions to hunger.	(Nguyen & Curley, 2013, p. 5) http://www.actionagainsthunger.org
Adventist Development and Relief Agency	ADRA seeks to identify and address social injustice and deprivation in developing countries. The agency's work seeks to improve the quality of life of those in need. ADRA invests in the potential of these individuals through community development initiatives targeting Food Security, Economic Development, Primary Health and Basic Education. ADRA's emergency management initiatives provide aid to disaster survivors.	(Nguyen & Curley, 2013, p. 6) http://www.adra.org
Care International	CARE is a leading humanitarian organization fighting global poverty. We place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of disease, increase access to clean water and sanitation, expand economic opportunity, and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.	(Nguyen & Curley, 2013, p. 6) http://www.care.org

NGO	Description	Source
Catholic Relief Services	Promote human development by responding to major emergencies, fighting disease and poverty, and nurturing peaceful and just societies; and, serve Catholics in the United States as they live their faith in solidarity with their brothers and sisters around the world.	(Nguyen & Curley, 2013, p. 6) http://www.crs.org/asia
Church World Service	The Mission: Feed the hungry, clothe the naked, heal the sick, comfort the aged, and shelter the homeless.	(Nguyen & Curley, 2013, p. 7) http://www.cwsglobal.org
Concern Worldwide U.S.	Concern Worldwide is a non-governmental, international, humanitarian organization dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries.	(Nguyen & Curley, 2013, p. 7) http://www.concernusa.org
Counterpart International	Counterpart International's Humanitarian Assistance Program has mobilized both communities and diverse donor resources to help the world's most vulnerable populations: children, orphans, the poor, the elderly, the disabled, refugees from war and victims of disasters. Counterpart provides a bridge between immediate, basic needs and long-term development. Ensuring that people have homes and food may only be the first step in developing a prospering society, but it is an essential one in helping communities help themselves long after the foreign aid withdraws.	(Nguyen & Curley, 2013, p. 7) http://www.counterpart.org
Direct Relief International	Direct Relief International provides medical assistance to improve the quality of life for people affected by poverty, disaster, and civil unrest at home and around the world. Direct Relief works to support the work of healthcare providers in the USA and in more than 70 countries, equipping them with the medicines, supplies, and equipment so they can care for their patients.	(Nguyen & Curley, 2013, p. 8) http://directrelief.org
Episcopal Relief and Development	Episcopal Relief & Development is an international relief and development agency and a compassionate response to human suffering on behalf of The Episcopal Church of the United States. Our work to heal a hurting world is guided by the principles of compassion, dignity and generosity.	(Nguyen & Curley, 2013, p. 8) http://www.erd.org
Food for the Hungry	When you partner with Food for the Hungry (FH), you'll be serving the poor in two ways. FH responds to help shelter, feed and clothe survivors of natural disasters. FH also does long-term development work with the poor to transform impoverished communities into healthy, productive places for children to grow.	(Nguyen & Curley, 2013, p. 8) https://fh.org
Habitat for Humanity International	The mission of Habitat's Disaster Response [is] "To develop innovative housing and shelter assistance models that generate sustainable interventions for people vulnerable to or affected by disasters or conflicts."	(Nguyen & Curley, 2013, p. 9) http://www.habitat.org
International Aid	International Aid glorifies Christ by providing medical and health resources to global partners serving people in need.	(Nguyen & Curley, 2013, p. 9) http://www.internationalaid.org
International Federation of Red Cross and Red Crescent Societies	The IFRC carries out relief operations to assist victims of disasters, and combines this with development work to strengthen the capacities of its member National Societies. The IFRC's work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness, and health and community care.	(Nguyen & Curley, 2013, p. 9) http://www.ifrc.org

NGO	Description	Source
International Orthodox Christian Charities	IOCC, in the spirit of Christ's love, offers emergency relief and development programs to those in need worldwide, without discrimination, and strengthens the capacity of the Orthodox Church to so respond.	(Nguyen & Curley, 2013, p. 10) http://www.iocc.org
International Relief & Development	A nonprofit humanitarian and development organization, IRD improves lives and livelihoods through inclusion, engagement, and empowerment. We build lasting relationships and strengthen our beneficiaries' capabilities to create sustainable change and direct their own development. These principles are at the core of IRD's mission to reduce the suffering of the world's most vulnerable groups and provide the tools and resources needed to increase their self-sufficiency.	(Nguyen & Curley, 2013, p. 10) http://www.ird.org
International Relief Team	International Relief Teams is a trusted relief organization that assists victims of disaster, poverty and neglect. Serving those in need with efficiency and integrity, International Relief Teams focuses on four core areas – medical training, surgical outreach, health promotion and disaster relief – that combine short-term relief efforts and long-term programs to save and change lives.	(Nguyen & Curley, 2013, p. 10) http://irteams.org
International Rescue Committee	The International Rescue Committee responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war or disaster.	(Nguyen & Curley, 2013, p. 11) http://www.rescue.org
Lutheran World Relief	We focus on attacking the root causes of poverty and breaking the cycles that keep people from being healthy, productive and self-supporting. Most often, all people need is a helping hand to provide a resource they have not been able to access on their own. LWR responds to that need efficiently and effectively by providing resources to local partner organizations — groups who are already there in the trenches and are therefore best equipped to get the right help to the right people	(Nguyen & Curley, 2013, p. 11) http://lwr.org
Médecins Sans Frontières	Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict.	(Nguyen & Curley, 2013, p. 11) http://www.msf.org
Medical Teams International	Medical Teams International conducts the following during disaster response: • Develop high-impact relief, rehabilitation and risk-reduction programs that provide emergency health care to vulnerable populations. • Build local partner and health personnel capacity through training and support to community based health and development programs. • Ship containers of essential medicines and medical supplies to hospitals and clinics, increasing access and quality of health services.	(Nguyen & Curley, 2013, p. 12) http://www.medicalteams.org

NGO	Description	Source
Mennonite Central Committee	MCC responds to the needs of communities facing disasters or war, often launching projects that continue over months or even years. While MCC provides funds, MCC workers and partners often comment on the faith, hope and courage of communities themselves to rebuild, despite the challenges. In addition to disaster or emergency response, MCC also strives to meet long-term needs and make communities stronger.	(Nguyen & Curley, 2013, p. 12) http://www.mcc.org
Mercy Corps International	Life can change for millions of families in an instant: natural disasters can take loved ones and the outbreak of war drive families from their homes. When the unthinkable happens, Mercy Corps delivers rapid, lifesaving aid to hard-hit communities.	(Nguyen & Curley, 2013, p. 13) http://www.mercycorps.org
Norwegian Refugee Council	The Norwegian Refugee Council (NRC) is an independent, humanitarian, nonprofit, non-governmental organization which provides assistance, protection and durable solutions to refugees and internally displaced persons worldwide.	(Nguyen & Curley, 2013, p. 13) http://www.nrc.no
Plan International	Plan aims to achieve lasting improvements in the quality of life of deprived children in developing countries, through a process that unites people across cultures and adds meaning and value to their lives, by: • Enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies. • Building relationships to increase understanding and unity among peoples of different cultures and countries. • Promoting the rights and interests of the world's children.	(Nguyen & Curley, 2013, p. 13) http://plan-international.org
Relief International	Relief International meets the immediate needs of victims of natural disasters and civil conflicts worldwide with the provision of food rations, clean water, non-food items, transitional shelter and emergency medical services. Beyond emergency situations, Relief International's field teams provide long term health and nutrition services to communities in need by operating clinics and training health workers. Relief International also provides water and sanitation programming, providing communities with access to clean water, decreasing the incidence of communicable diseases, and improving quality of life.	(Nguyen & Curley, 2013, p. 14) http://www.ri.org
World Concern	World Concern partners to transform the lives of poor and marginalized people through disaster response and sustainable community development. The love of Christ compels us to pursue reconciliation and equip those we serve, so that they may in turn share with others.	(Nguyen & Curley, 2013, p. 14) http://www.worldconcern.org
World Vision International	World Vision is globally positioned to help with immediate needs like food, water and shelter when disaster strikes and to help communities to recover and prevent future catastrophes.	(Nguyen & Curley, 2013, p. 14) http://www.wvi.org

Table 3.   Humanitarian NGOs in the SOUTHCOM AOR

NGO	Description	Source
Aero Bridge	Aero Bridge is a group of aviation specialists who coordinate emergency aviation response during disasters. Our primary mission is to assist governments and NGOs by moving people and supplies to where they are most needed	(Harper et al. , 2013, p. 8) http://aerobridge.org/
American Red Cross	The Red Cross was chartered by the U.S. Congress to …carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same. The Charter is unique to the Red Cross because it assigns duties and obligations to the nation, to disaster survivors, and to the people who generously support our work through donations	(Harper et al. , 2013, p. 8) http://www.redcross.org
Americas Relief Team	Americas Relief Team (ART) offers transportation and logistics assistance to non-profit organizations. The organization's specialty is the aid and relief sector, where it has served for many years by air and sea following crises in the Caribbean and Central America	(Harper et al. , 2013, p. 8) http://americasrelief.org
Baptist Health South Florida	Baptist Health Medical Group is a non-profit organization of more than 100 physicians "who provide comprehensive, high quality medical care to patients of all ages."	(Harper et al. , 2013, p. 9) http://baptisthealth.net
Children International	For over 75 years, Children International has been providing critical assistance to children and families struggling in terrible poverty. Through our one-to-one child sponsorship program, we reduce the burden of poverty on impoverished children, invest in their potential and provide them with opportunities to grow up healthy, educated and prepared to succeed and contribute to society	(Harper et al. , 2013, p. 9) https://www.children.org
Courtland Humanitarian Outreach Worldwide	Courtland Humanitarian Outreach Worldwide (CHOW) is a nondenominational organization incorporated in the State of Ohio, dedicated to helping relief efforts worldwide. The organized attempt by the community to collect humanitarian aid not only benefits the world's poor, but our planet as well.	(Harper et al. , 2013, p. 9) http://www.chowohio.org
EDGE Outreach (WaterStep)	EDGE Outreach, also known as WaterStep, distributes and installs water treatment systems for use in developing communities. "They seek to prevent waterborne illness through sustainable solutions by training local people, solving problems creatively, and improving developing communities' self-sufficiency"	(Harper et al. , 2013, p. 10) http://edgeoutreach.com
Florida Association for Volunteer Action in the Caribbean and the Americas	The Florida Association for Volunteer Action in the Caribbean and the Americas (FAVACA) is a private not for profit organization formed in 1982 by Florida Governor (now former U.S. Senator) Bob Graham. FAVACA's Florida International Volunteer Corps is the only program of its kind in the country and enjoys statutory authority under Section 288.0251 Florida Statutes. A state appropriation, voted annually since 1986, provides a funding base for an estimated 100 volunteer missions to Latin America and the Caribbean each year.	(Harper et al. , 2013, p. 10) http://www.favaca.org

Food for the Poor	Food for the Poor is an interdenominational Christian ministry that "serves the poorest of the poor in 17 countries throughout the Caribbean and Latin America". They are the third largest international relief and development charity in the United States, feeding two million poor every day. They also provide food, housing, health care, education, water projects, and emergency relief to Caribbean and Latin America	(Harper et al. , 2013, p. 10) http://www.foodforthepoor.org
Foundation for the Advancement of Children's Esthetics	The Foundation for the Advancement of Children's Esthetics is dedicated to providing "free facial reconstructive surgery to underprivileged children"	(Harper et al. , 2013, p. 11) http://www.corporationwiki.com /Florida/Neptune-Beach/foundation-for-the-advancement-of-childrens-esthetics/92776031.aspx
Give a Kid a Backpack	In much of the world, education is only technically free. Children may attend school for free but they need to pay registration fees and supply their own uniforms and school supplies. These modest requirements are simply beyond the reach of most poor children in these countries. Give a Kid a Backpack targets children who live in severe conditions of poverty who are eager to go to school but don't have the funds to fulfill these requirements.	(Harper et al. , 2013, p. 11) http://www.giveakidabackpack. org
Heart to Heart International	Heart to Heart International is a global volunteer movement. Its core purpose is to transform lives through service—one volunteer and one community at a time. All activities are geared to improve health in underserved communities. We fulfill our mission by connecting people and resources to a world in need.	(Harper et al. , 2013, p. 11) http://www.hearttoheart.org
Hope Haven	Hope Haven is a community committed to the special creation of God that is the human being; encouraging the realization of dreams, desires, and aspirations, valuing gifts, talents, and contributions, sharing accountability for individual and community growth.	(Harper et al. , 2013, p. 12) http://hopehaven.org
Hospital Sisters Mission Outreach	The 501(c) (3) not-for-profit organization, whose Main Office is in Springfield, IL, addresses the serious unmet medical needs of people in developing countries and promotes a more green-friendly environment through a medical recovery and responsible redistribution program.	(Harper et al. , 2013, p. 12) http://www.mission-outreach.org
InterAction	Inter Action serves as a convener, thought leader and voice of our community. Because we want real, long-term change, we work smarter: We mobilize our members to think and act collectively, because we know more is possible that way. We also know that how we get there matters. So we set high standards. We insist on respecting human dignity. We work in partnerships.	(Harper et al. , 2013, p. 12) http://interaction.org
International Relief and Development (IRD)	A nonprofit humanitarian and development organization, IRD improves lives and livelihoods through inclusion, engagement, and empowerment. We build lasting relationships and strengthen our beneficiaries' capabilities to create sustainable change and direct their own development.	(Harper et al. , 2013, p. 13) http://www.ird.org/about-us
Johns Hopkins Office of Critical Preparedness and Response (CEPAR)	CEPAR combines the talents of Johns Hopkins Medicine with the tactical planning capabilities of the Applied Physics Laboratory, the investigative skills of the School of Public Health, and the faculty and facilities of the Johns Hopkins University.	(Harper et al. , 2013, p. 13) http://www.hopkins-cepar.org

Latter-day Saints (LDS) Charities	LDS Charities sponsor[s] relief and development projects in 179 countries. The organization provide[s] emergency relief assistance in times of disaster as well as primary community development programs such as clean water, neonatal resuscitation training, vision care, wheelchairs, immunizations, and food production.	(Harper et al. , 2013, p. 13) http://ldscharities.org
Lions Clubs International Foundation	The Lions Clubs International Foundation provides sight programs, youth programs, services for children, health programs, and disaster relief.	(Harper et al. , 2013, p. 14) http://www.lionsclubs.org
Loving Hugs	Loving Hugs collects stuffed animals and distributes them to children in war zones, orphanages, refugee and IDP [internally displaced person] camps, and medical/hospital facilities around the world.	(Harper et al. , 2013, p. 14) http://lovinghugs.org
Miami Children's Hospital	Miami Children's Hospital is a world leader in pediatric healthcare. With a medical staff of more than 650 physicians and over 3,500 employees, the hospital is renowned for excellence in all aspects of pediatric medical care from birth through adolescence. Miami Children's Hospital offers more than 40 pediatric specialties and subspecialties, and is home to Florida's only free-standing pediatric trauma center.	(Harper et al. , 2013, p. 14) http://www.mch com
Midwest Mission Distribution Center	Midwest Mission Distribution Center (MMDC) is a disaster relief facility located on an 8 acre campus, 4 miles south of Springfield, Illinois. Construction began in October of 1999 and opened for ministry in the year 2000. MMDC is a caring ministry related to the Illinois Great Rivers Conference and the North Central Jurisdiction of the United Methodist Church. MMDC is also a cooperating depot in the UMCOR (United Methodist Committee on Relief) Relief Supply Network as of January 2010. Help God's people in need locally, nationally, and around the world.	(Harper et al. , 2013, p. 15) http://www.midwestmissiondc.org
Operation Smile	Operation Smile is an international children's medical charity that heals children's smiles, forever changing their lives. As an international charity for children, we measure ourselves by the joy we see on all of the faces we help. At Operation Smile, we're more than a charity. More than an NGO, we're a mobilized force of medical professionals and caring hearts that provide safe, effective reconstructive surgery and related medical care for children born with facial deformities such as cleft lip and cleft palate.	(Harper et al. , 2013, p. 15) http://www.operationsmile.org
Partners in Health	We draw on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When our patients are ill and have no access to care, our team of health professionals, scholars, and activists will do whatever it takes to make them well—just as we would do if a member of our own families or we ourselves were ill.	(Harper et al. , 2013, p. 16) http://www.pih.org
People to People International (PTPI)	People to People International (PTPI) is dedicated to enhancing cross cultural communication within and across communities and nations. Tolerance and mutual understanding are central themes. While not a partisan or political institution, PTPI supports the basic values and goals of its founder, President Dwight D. Eisenhower.	(Harper et al. , 2013, p. 16) http://peopletopeopleinc.org

Project C.U.R.E.	Project C.U.R.E. operates distribution centers in Colorado, Tennessee, Texas and Arizona and collects excess supplies and specialized equipment from hundreds of U.S. hospitals and medical manufacturers, giving them the opportunity to "green" their operations and redirect their surplus in an environmentally friendly way. In addition, Project C.U.R.E. sends volunteer medical teams to underserved facilities abroad to provide free care and train local healthcare staff. Today, Project C.U.R.E. is the world's largest distributor of donated medical supplies to limited communities across the globe, touching the lives of patients, families, and children in more than 130 countries.	(Harper et al. , 2013, p. 16) http://www.projectcure.org
Project Handclasp Foundation	Since the inception of Project Handclasp in 1959, distribution of humanitarian, educational, and goodwill material to disadvantaged people in foreign countries has greatly enhanced perceptions of the United States and the U.S. Navy. Through direct person-to-person contact in the conduct of community relations endeavors, Project Handclasp plays a vital role in enabling the Navy to carry out its mission of fostering peace and goodwill by promoting international friendship and trust. It has simultaneously allowed U.S. Navy personnel to gain insight and appreciation of diverse cultures and quality of life of people of other nations.	(Harper et al. , 2013, p. 17) http://www.guidestar.org
Project HOPE	Founded in 1958, Project HOPE (Health Opportunities for People Everywhere) is dedicated to providing lasting solutions to health problems with the mission of helping people to help themselves. Identifiable to many by the SS HOPE, the world's first peacetime hospital ship, Project HOPE now provides medical training and health education, as well as conducts humanitarian assistance programs in more than 35 countries.	(Harper et al. , 2013, p. 17) http://www.projecthope.org
Registered Nurse Response Network (RNRN)	The RNRN is a national network of direct-care RNs powered by National Nurses United that coordinates sending volunteer RNs to disaster stricken areas where and when they are needed most	(Harper et al. , 2013, p. 18)
Rotary International	Rotary International is a worldwide organization whose volunteers combat hunger, improve health and sanitation, provide education and job training, promote peace, and eradicate polio.	(Harper et al. , 2013, p. 18) https://www.rotary.org
Spirit of America	Spirit of America is a non-profit company that assists Americans serving in Afghanistan, Iraq, and Africa to help the local people of those areas. The organization was founded in 2003	(Harper et al. , 2013, p. 18) http://www.spiritofamerica.net
The MESSAGE Program	The MESSAGE program secures donations of supplies and equipment in the U.S. for distribution to providers in other countries. We distribute donated items based on an evaluation of the recipients' actual need. It ensures that the recipients receiving the donations have the adequate training and capacity to use the donations responsibly.	(Harper et al. , 2013, p. 18) http://themessageprogram.org
University of California San Diego Pre-Dental Society	The University of California San Diego Pre-Dental Society (UCSD PDS) is a student organization that promotes student interest in the field of dentistry. Perhaps the most unique quality of the UCSD PDS is the UCSD Student-run Free Dental Clinic Project. Our program is unique in that we are the only undergraduate program not affiliated with a dental school that manages and runs three free dental clinics with the help of dental professionals.	(Harper et al. , 2013, p. 19) http://fdc-pds.clifference.com

Veterinarians Without Borders	Veterinarians Without Borders advances human health and livelihoods in underserved areas by sustainably improving veterinary care and animal husbandry, working toward preventing, controlling and eliminating priority diseases. The organization explains its objectives as follows: • To be excellent teachers of veterinary service and care measured by our ability to communicate and transfer knowledge that results in the enhancement of veterinary skills in underserved areas; • To be a leading non-profit organization by building global and local capacity in high quality veterinary education, service and care. • To develop and strengthen value chains for the producer and veterinary care providers that improves animal and human health as well as economic growth.	(Harper et al. , 2013, p. 19) http://vetswithoutbordersus.org
Wheelchair Foundation	The Wheelchair Foundation delivers brand new manual wheelchairs to people in need in 150+ countries worldwide. Established on June 6th, 2000 by Philanthropist Kenneth E. Behring, the Wheelchair Foundation has delivered more than 780,000 wheelchairs to people in need, free of charge.	(Harper et al. , 2013, p. 20) https://www.wheelchairfoundation.org
World Vets	World Vets develops, implements, and manages international veterinary and disaster relief programs to help animals, educate people and have a positive impact on communities. Improving animal welfare and alleviating suffering are high on our priority list but our work extends beyond that. Our programs help to prevent the spread of diseases from animals to humans; our livestock programs help small farmers to pull themselves out of poverty, and our disaster relief efforts for animals directly impact people who might otherwise remain in dangerous situations if the needs of their animals are not addressed.	(Harper et al. , 2013, p. 20) http://worldvets.org

The previous tables were provided as a summary of the 88 NGOs considered in this project. For more information on a specific NGO, please refer to the works of Daniels (2012), Nguyen and Curley (2013), and Harper, Koelkebeck and Fitz-Gerald (2013).

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III. DATA COLLECTION AND OBSERVATIONS

This chapter describes the data collection methodologies employed for this study and presents the raw data used for analysis in Chapter IV and conclusions in chapter five. The Sphere Project section of this chapter begins with describing techniques for amassing the data used, a discussion on grading criteria, and then concludes with a comprehensive listing of the definitions used in describing the standards evaluated for each NGO's core competency functions. The second section to this chapter describes collection and arrangement of pertinent financial data used in this study, including sources of both revenues and expenses for each NGO.

A. THE SPHERE PROJECT

This section provides a description of the techniques used to analyze and evaluate the capabilities of NGOs investigated. Results for SOUTHCOM are derived from Harper et al. in 2013, while the results for EUCOM and PACOM are original to this study and use the same methodology Harper et al. applied to SOUTHCOM for standardization across all three AORs. This technique, described below, can be replicated for NGOs that were not studied in the respective AORs in this report and likewise for NGOs in any AOR that this report does not include.

From the outset, the desired outcome of our work evaluating NGOs in this fashion was to measure and quantify capabilities inherent to the questioned NGOs. As published in the Department of Defense Support to Foreign Disaster Relief (Handbook for JTF Commanders and Below):

> Metrics matter. Metrics are the means by which operational progress is measured. Metrics capture and demonstrate level of effort/need and measures of performance/effectiveness. Relevant metrics facilitate accurate and timely reporting to higher echelon commands and national authorities. It is important that the metrics utilized by the JTF be consistent with those used by the US Embassy and USAID/OFDA. Data collection requirements and the associated standardized metrics should be disseminated to deploying forces as early as possible.

The JTF Commander and Staff should not develop their own metrics, but instead use internationally accepted metrics. The SPHERE Project developed a handbook entitled the "Humanitarian Charter and Minimum Standards in Disaster Response" (Department Of Defense Support To Foreign Disaster Relief (Handbook For JTF Commanders And Below), 2011).

The DOD chose to use the Sphere Project criteria for standardization and metrics because of Sphere's "widely known and internationally recognized sets of common principles and universal minimum standards in lifesaving areas of humanitarian response" (The Sphere Project Humanitarian Charter And Minimum Standards In Humanitarian Response, 2011, p. 5).

1. DATA COLLECTION METHODOLOGY

The primary method used to collect information pertaining to an NGO's capabilities was through investigation of each NGO's website for the AORs of EUCOM and PACOM. Data used in a prior work for SOUTHCOM was replicated in this report to broaden the scope as this is a follow-on to previous studies.

2. SPHERE PROJECT PERFORMANCE MEASURES

The Sphere Project established four core competencies deemed critical that must be evaluated and if necessary addressed for disaster response to ensure stable conditions exist for the population to survive and recover. The core competencies are: 1) water supply, sanitation and hygiene promotion; 2) food security and nutrition; 3) shelter, settlement and non-food items; and 4) health action (The Sphere Project Humanitarian Charter And Minimum Standards In Humanitarian Response, 2011, pp. 4, 5). Each competency has a set of primary functions and sometimes secondary functions. Each function has detailed standards defined in the Sphere Handbook.

During the analysis of each NGO, the goal was to determine if that NGO was capable of satisfactorily accomplishing the standards used to define each core competency function. Using the scorecard model developed by Harper et al. (2013), if an NGO was deemed capable of meeting at least 50% of standards used to define a function, as determined by research conducted on the NGO website, we denoted on the scorecard a

"1" for that function/sub-function (see Tables 4-13). If the NGO was deemed unable to meet at least 50% of the specific standards, then a score of "0" was denoted. On the scorecard, at least 50% of the secondary sub-functions must have been satisfactorily meet in order to award a "1" to the primary function. Likewise, at least 50% of the primary functions must have been satisfactorily meet in order to award a "1" to the overarching core competency category (Water, Food, Shelter, Health) and is denoted under the heading of "Total" on the scorecard.

There were several cases in which an NGO made reference to providing a HADR core competency, however, the research team was unable to determine from the respective NGO website that enough standards were met to grant a score of "1", indicating that at least 50% of the standards were met in accordance with SPHERE Handbook definitions used to define the functions. In these cases, the authors reached out to the NGO in question asking for clarification. Not all NGO's chose to respond to the authors' inquiry. In these cases, the functions/core competencies are annotated with an asterisk ("*").

Specific standards for each function of the competencies were evaluated by the work of Harper, et al. (2013) which investigated SOUTHCOM, as well as to the NGOs presented here as new work in both PACOM and EUCOM. As denoted in the Sphere Project (2011) and Harper et al. (2013), the standards that define these functions are as follows:

     a.   *Competency: Water Supply, Sanitation, and Hygiene Promotion*

        1. Function: Hygiene Promotion

        Standard 1: Hygiene promotion implementation. Affected men, women and children of all ages are aware of key public health risks and are mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided (The Sphere Project, 2011, p. 91).

        Standard 2: Identification and use of hygiene items. The disaster-affected population has access to and is involved in identifying and

promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being (The Sphere Project, 2011, p. 94).

2. Function: Water Supply

Standard 1: Access and water quantity.   All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement (The Sphere Project, 2011, p. 97).

Standard 2: Water quality. Water is palatable and of sufficient quality to be drunk and used for cooking and personal and domestic hygiene without causing risk to health (The Sphere Project, 2011, p. 100).

Standard 3: Water facilities. People have adequate facilities to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed (The Sphere Project, 2011, p. 103).

3. Function: Excreta Disposal

Standard 1: Environment free from human feces. The living environment in general and specifically the habitat, food production areas, public centers and surroundings of drinking water sources are free from human fecal contamination (The Sphere Project, 2011, p.105).

Standard 2: Appropriate and adequate toilet facilities. People have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings, to allow rapid, safe and secure access, day and night (The Sphere Project, 2011, p. 107).

4. Function: Vector Control

   Standard 1: Individual and family protection. All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to cause a significant risk to health or well-being (The Sphere Project, 2011, p. 111).

   Standard 2: Physical, environmental and chemical protection measures. The environment where the disaster-affected people are placed does not expose them to disease-causing and nuisance vectors, and those vectors are kept to a reduced level where possible (The Sphere Project, 2011, p. 114).

   Standard 3: Chemical control safety. Chemical vector control measures are carried out in a manner that ensures that staff, the disaster affected population and the local environment are adequately protected, and avoids creating chemical resistance to the substances used (The Sphere Project, 2011, p. 116).

5. Function: Solid Waste Management

   Standard 1: Collection and disposal. The affected population has an environment not littered by solid waste, including medical waste, and has the means to dispose of their domestic waste conveniently and effectively (The Sphere Project, 2011, p. 117).

6. Function: Drainage

   Standard 1: Drainage work. People have an environment in which health risks and other risks posed by water erosion and standing water, including storm-water, floodwater, domestic wastewater and wastewater from medical facilities, are minimized (The Sphere Project, 2011, p. 121).

b.   *Competency: Food Security and Nutrition*

1. Function: Food Security and Nutrition Assessment

    Standard 1: Food security. Where people are at increased risk of food insecurity, assessments are conducted using accepted methods to understand the type, degree and extent of food insecurity, to identify those most affected and to define the most appropriate response (The Sphere Project, 2011, p. 150).

    Standard 2: Nutrition. Where people are at increased risk of malnutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of malnutrition and identify those most affected, those most at risk, and the appropriate response (The Sphere Project, 2011, p. 154).

2. Function: Infant and Young Child Feeding

    Standard 1: Policy guidance and coordination. Safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance and strong coordination (The Sphere Project, 2011, p. 159).

    Standard 2: Basic and skilled support. Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimizes risks and optimizes nutrition, health and survival outcomes (The Sphere Project, 2011, p. 160).

3. Function: Management of Acute Malnutrition and Micronutrient Deficiencies

    Standard 1: Moderate acute malnutrition. Moderate acute malnutrition is addressed (The Sphere Project, 2011, p. 165).

    Standard 2: Severe acute malnutrition. Severe acute malnutrition is addressed (The Sphere Project, 2011, p. 169).

Standard 3: Micronutrient deficiencies. Micronutrient interventions accompany public health and other nutrition interventions to reduce common diseases associated with emergencies and address micronutrient deficiencies (The Sphere Project, 2011, p. 173).

4. Function: Food Security

Standard 1: General Food Security. People have a right to humanitarian food assistance that ensures their survival and upholds their dignity, and as far as possible prevents the erosion of their assets and builds resilience (The Sphere Project, 2011, p. 176).

4.a Sub-Function Food Transfers

Standard 1: General nutrition requirements. Ensure the nutritional needs of the disaster-affected population, including those most at risk, are met (The Sphere Project, 2011, p. 180).

Standard 2: Appropriateness and acceptability. The food items provided are appropriate and acceptable to recipients so that they can be used efficiently and effectively at the household level (The Sphere Project, 2011, p. 184).

Standard 3: Food quality and safety. Food distributed is fit for human consumption and of appropriate quality (The Sphere Project, 2011, p. 186).

Standard 4: Supply chain management (SCM). Commodities and associated costs are well-managed using impartial, transparent and responsive systems (The Sphere Project, 2011, p. 188).

Standard 5: Targeting and distribution. The method of targeted food distribution is responsive, timely, transparent and safe, supports dignity and is appropriate to local conditions (The Sphere Project, 2011, p. 192).

Standard 6: Food use. Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels (The Sphere Project, 2011, p. 194).

4.b. Sub-Function: Cash and Voucher Transfers

Standard 1: Access to available goods and services. Cash and vouchers are considered as ways to address basic needs and to protect and re-establish livelihoods (The Sphere Project, 2011, p. 200).

4.c. Sub-Function: Livelihoods

Standard 1: Primary production. Primary production mechanisms are protected and supported (The Sphere Project, 2011, p. 204).

Standard 2: Income and employment. Where income generation and employment are feasible livelihood strategies, women and men have equal access to appropriate income-earning opportunities (The Sphere Project, 2011, p. 208).

Standard 3: Access to markets. The disaster-affected population's safe access to market goods and services as producers, consumers and traders is protected and promoted (The Sphere Project, 2011, p. 211).

c.   *Competency: Shelter, Settlements, and Non-food Items*

1. Function: Shelter and Settlement

Standard 1: Strategic planning. Shelter and settlement strategies contribute to the security, safety, health and well-being of both displaced and non-displaced affected populations and promote recovery and reconstruction where possible (The Sphere Project, 2011, p. 249).

Standard 2: Settlement planning. The planning of return, host or temporary communal settlements enables the safe and secure use of accommodation and essential services by the affected population (The Sphere Project, 2011, p. 254).

Standard 3: Covered living space. People have sufficient covered living space providing thermal comfort, fresh air and protection from the climate ensuring their privacy, safety and health and enabling essential household and livelihood activities to be undertaken (The Sphere Project, 2011, p. 258).

Standard 4: Construction. Local safe building practices, materials, expertise and capacities are used where appropriate, maximizing the involvement of the affected population and local livelihood opportunities (The Sphere Project, 2011, p. 262).

Standard 5: Environmental impact. Shelter and settlement solutions and the material sourcing and construction techniques used minimize adverse impact on the local natural environment (The Sphere Project, 2011, p. 265).

2. Function: Non-Food Items

2a. Sub-Function: Clothing and Bedding

Clothing and bedding as published in the Sphere Handbook are defined with only one standard, provided below. However, in the Scorecards presented in Tables 4 through 13, clothing and bedding are treated as separate substandards in keeping with the original rubric of Harper et al. This methodology provides more clarity in assessing the capabilities of the NGO.

Standard 1: Clothing and bedding. The disaster-affected population has sufficient clothing, blankets and bedding to ensure their

personal comfort, dignity, health and well-being (The Sphere Project, 2011, p. 271).

2b. <u>Sub-Function: Household Items</u>

<u>Standard 1</u>: Cooking and eating utensils. The disaster-affected population has access to culturally appropriate items for preparing and storing food, and for cooking, eating and drinking (The Sphere Project, 2011, p. 273).

<u>Standard 2</u>: Stoves, fuel and lighting. The disaster-affected population has access to a safe, fuel-efficient stove and an accessible supply of fuel or domestic energy, or to communal cooking facilities. Each household also has access to appropriate means of providing sustainable artificial lighting to ensure personal safety (The Sphere Project, 2011, p. 275).

<u>Standard 3</u>: Tools and fixings. The affected population, when responsible for the construction or maintenance of their shelter or for debris removal, has access to the necessary tools, fixings and complementary training (The Sphere Project, 2011, p. 276).

<u>Standard 4</u>: Individual, general household and shelter support items. The affected population has sufficient individual, general household and shelter support items to ensure their health, dignity, safety and well-being (The Sphere Project, 2011, p. 269).

d.   *Competency: Health Action*

1. <u>Health Systems</u>

<u>Standard 1</u>: Health service delivery. People have equal access to effective, safe and quality health services that are standardized and follow accepted protocols and guidelines (The Sphere Project, 2011, p. 296).

Standard 2: Human resources. Health services are provided by trained and competent health workforces who have an adequate mix of knowledge and skills to meet the health needs of the population (The Sphere Project, 2011, p. 301).

Standard 3: Drugs and medical supplies. People have access to a consistent supply of essential medicines and consumables (The Sphere Project, 2011, p. 302).

Standard 4: Health financing. People have access to free primary healthcare services for the duration of the disaster (The Sphere Project, 2011, p. 304).

Standard 5: Health information management. The design and delivery of health services are guided by the collection, analysis, interpretation and utilization of relevant public health data (The Sphere Project, 2011, p. 305).

Standard 6: Leadership and coordination. People have access to health services that are coordinated across agencies and sectors to achieve maximum impact (The Sphere Project, 2011, p. 307).

2. Essential Health Services

Standard 1: Prioritizing health services. People have access to health services that are prioritized to address the main causes of excess mortality and morbidity (The Sphere Project, 2011, p. 309).

Standard 2: Communicable disease prevention. People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality (The Sphere Project, 2011, p. 312).

Standard 3: Communicable disease diagnosis and case management. People have access to effective diagnosis and treatment for those infectious diseases that contribute most

significantly to preventable excess morbidity and mortality (The Sphere Project, 2011, p. 314).

Standard 4: Outbreak detection and response. Outbreaks are prepared for, detected, investigated and controlled in a timely and effective manner (The Sphere Project, 2011, p. 316).

Standard 5: Prevention of vaccine-preventable diseases. Children aged 6 months to 15 years have immunity against measles and access to routine Expanded Program on Immunization (EPI) services once the situation stabilized (The Sphere Project, 2011, p. 321).

Standard 6: Management of newborn and childhood illness. Children have access to priority health services that are designed to address the major causes of newborn and childhood morbidity and mortality (The Sphere Project, 2011, p. 323).

Standard 7: People have access to the priority reproductive health services of the Minimum Initial Service Package (MISP) at the onset of an emergency and comprehensive RH as the situation stabilizes (The Sphere Project, 2011, p. 324).

Standard 8: People have access to the minimum set of HIV prevention, treatment, and care and support services during disasters (The Sphere Project, 2011, p. 327).

Standard 9: People have access to effective injury care during disasters to prevent avoidable morbidity, mortality and disability (The Sphere Project, 2011, p. 331).

Standard 10: People have access to health services that prevent or reduce mental health problems and associated impaired functioning (The Sphere Project, 2011, p. 333).

Standard 11: People have access to essential therapies to reduce morbidity and mortality due to acute complications or exacerbation of their chronic health condition (The Sphere Project, 2011, p. 336).

3.   Sphere Scorecards

The following tables exhibit the results of analysis of each of the NGOs investigated according to Sphere Project criteria as described above.

a.   EUCOM AOR Sphere Scorecards

The Scorecards for EUCOM are presented in Tables four through six. Each NGO was evaluated and marked to indicate ability to meet the standards which define sub-functions, functions, and ultimately core competencies.

Table 4.   EUCOM AOR Sphere Scorecard: NGOs 1-8 (after Harper et al., 2013)

EUCOM NGOs 1-8										
Performance Measures			Action Against Hunger	Adventist Development Relief Agency	Care International	Catholic Relief Services	Child Fund International	Church World Service	Counterpart International	Direct Relief International
Core Competency	Function	Sub-Function								
Water supply, sanitation and hygiene promotion (WASH)										
	Hygiene promotion		1	0	1	1	*	1	0	0
	Water supply		1	1	1	1	*	1	0	0
	Excreta disposal		1	1	1	1	*	0	0	0
	Vector control		0	0	0	0	*	0	0	0
	Solid waste management		1	1	1	1	*	0	0	0
	Drainage		0	0	1	0	*	0	0	0
Total			1	1	1	1	*	0	0	0
Food security and nutrition										
	Nutrition assessment		1	1	1	1	*	0	1	0
	Infant and young child feeding		1	1	1	1	1	1	1	0
	Management of acute malnutrition and micornutrient deficiencies		1	0	1	1	*	0	1	0
	Food security		1	1	1	1	*	0	0	0
		Food transfer	1	1	1	1	*	0	0	0
		Cash voucher	0	0	0	0	*	0	0	0
		Livelihoods	1	1	1	1	0	0	1	0
Total			1	1	1	1	*	0	1	0
Shelter, settlement and non-food items										
	Shelter and settlement		0	1	1	1	1	0	0	0
	Non-Food items		0	0	1	0	*	1	0	0
		Clothing	0	0	1	0	*	0	1	0
		Bedding	0	0	1	0	*	1	0	0
		Houshold items	0	0	1	1	1	1	0	0
Total			0	1	1	1	1	1	0	0
Health action										
	Health Systems		0	0	0	1	*	0	1	1
	Essential Health Services		0	1	0	1	*	0	0	1
Total			0	1	0	1	*	0	1	1

Table 5.   EUCOM AOR Sphere Scorecard: NGOs 9-17 (after Harper et al., 2013)

Core Competency	Function	Sub-Function	Heart to Heart International	International Federation of Red Cross/Crescent	International Orthodox Christian Charities	International Relief Teams	International Rescue Committee	Islamic Relief USA	Medecins Sans Frontiers/ Dr without Borders	Medical Team International	Mennonite Central Committee
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		0	1	1	1	*	1	1	1	1
	Water supply		0	1	1	1	*	1	1	1	1
	Excreta disposal		0	1	1	1	*	1	1	1	1
	Vector control		0	1	0	1	*	0	1	1	0
	Solid waste management		0	1	1	1	*	1	1	1	1
	Drainage		0	0	1	0	*	0	0	0	0
Total			0	1	1	1	*	1	1	1	1
Food security and nutrition											
	Nutrition assessment		0	1	1	*	0	1	0	1	1
	Infant and young child feeding		0	1	1	*	0	1	0	1	1
	Management of acute malnutrition and micornutrient deficiencies		0	1	1	*	0	1	0	1	1
	Food security		0	1	1	*	0	1	0	0	1
		Food transfer	0	1	1	*	0	1	0	*	1
		Cash voucher	0	1	1	*	0	0	0	0	0
		Livelihoods	0	1	1	*	0	1	0	0	1
Total			0	1	1	*	0	1	0	1	1
Shelter, settlement and non-food items											
	Shelter and settlement		0	1	1	*	0	0	0	0	0
	Non-Food items		0	1	1	*	0	0	0	0	1
		Clothing	0	1	1	*	0	0	0	0	1
		Bedding	0	1	1	*	0	0	0	0	1
		Houshold items	0	1	1	*	0	0	0	0	1
Total			0	1	1	*	0	0	0	0	1
Health action											
	Health Systems		1	1	0	1	1	*	1	1	0
	Essential Health Services		1	1	1	1	1	*	1	1	0
Total			1	1	1	1	1	*	1	1	0

Table 6.   EUCOM AOR Sphere Scorecard: NGOs 18-25 (after Harper et al., 2013)

			EUCOM NGOs 18-25							
Performance Measures			Mercy Corps International	Norwegian People's Aid	Norwegian Refugee Council	Relief International	Salvation Army International	United Methodist Committee on Relief	World Relief	World Vision International
Core Competency	Function	Sub-Function								
Water supply, sanitation and hygiene promotion (WASH)										
	Hygiene promotion		1	0	1	1	0	1	1	1
	Water supply		1	0	1	1	0	1	1	1
	Excreta disposal		1	0	1	1	0	1	0	1
	Vector control		0	0	1	1	0	1	0	1
	Solid waste management		1	0	1	1	0	1	0	1
	Drainage		1	0	0	0	0	0	0	0
Total			1	0	1	1	0	1	0	1
Food security and nutrition										
	Nutrition assessment		1	0	1	*	0	0	1	1
	Infant and young child feeding		1	0	1	*	0	0	1	1
	Management of acute malnutrition and micornutrient deficiencies		1	0	1	*	0	0	1	1
	Food security		1	0	1	*	0	0	0	1
		Food transfer	1	0	1	*	0	0	0	1
		Cash voucher	1	0	1	*	0	0	0	1
		Livelihoods	1	0	0	1	0	1	1	1
Total			1	0	1	*	0	0	1	1
Shelter, settlement and non-food items										
	Shelter and settlement		1	0	1	1	0	0	1	1
	Non-Food items		*	0	*	*	0	1	1	1
		Clothing	*	0	*	*	0	1	1	1
		Bedding	*	0	*	*	0	1	1	1
		Houshold items	*	0	*	*	0	1	1	1
Total			1	0	1	1	0	1	1	1
Health action										
	Health Systems		1	0	0	0	1	1	1	1
	Essential Health Services		1	0	0	1	1	1	1	1
Total			1	0	0	1	1	1	1	1

b. *PACOM AOR Sphere Scorecards*

The Scorecards for PACOM are presented in Tables seven through nine. Each NGO was evaluated and marked to indicate ability to meet the standards which define sub-functions, functions, and ultimately core competencies.

Table 7.   PACOM AOR Sphere Scorecard: NGOs 1-9 (after Harper et al., 2013)

			PACOM NGOs 1-9								
Performance Measures			Act on Aga nst Hunger	Advent st Development Rel ef Agency	Care Internat onal	Cathol c Rel ef Serv ces	Church World Serv ce	Concern World USA	Counterpart Internat onal	D rect Rel ef Internat onal	Ep scopal Rel ef and Development
Core Competency	Funct on	Sub-Funct on									
Water supply, san tat on and hyg ene promot on (WASH)											
	Hyg ene promot on		1	0	1	1	1	1	0	0	1
	Water supply		1	1	1	1	1	1	0	0	1
	Excreta d sposal		1	1	1	1	0	0	0	0	1
	Vector control		0	0	0	0	0	1	0	0	0
	Sol d waste management		1	1	1	1	0	1	0	0	1
	Dra nage		0	0	1	0	0	1	0	0	0
Total			1	1	1	1	0	1	0	0	1
Food secur ty and nutr t on									1		
	Nutr t on assessment		1	1	1	1	*	1	1	0	0
	Infant and young ch ld feed ng		1	1	1	1	1	1	1	0	1
	Management of acute malnutr t on and m cronutr ent def c enc es		1	0	1	1	*	1	1	0	0
	Food secur ty		1	1	1	1	0	1	0	0	1
		Food transfer	1	1	1	1	0	1	0	0	1
		Cash voucher	0	0	0	0	0	1	0	0	0
		L vel hoods	1	1	1	1	0	1	1	0	1
Total			1	1	1	1	*	1	1	0	1
Shelter, settlement and non-food tems											
	Shelter and settlement		0	1	1	1	0	0	0	0	1
	Non-Food tems		0	0	1	0	1	1	0	0	0
		Cloth ng	0	0	1	0	0	1	1	0	0
		Bedd ng	0	0	1	0	1	1	0	0	0
		Houshold tems	0	0	1	1	1	1	0	0	0
Total			0	1	1	1	1	1	0	0	1
Health act on											
	Health Systems		0	0	0	1	0	1	1	1	1
	Essent al Health Serv ces		0	1	0	1	0	1	0	1	1
Total			0	1	0	1	0	1	1	1	1

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Table 8. PACOM AOR Sphere Scorecard: NGOs 10-18 (after Harper et al., 2013)

Core Competency	Function	Sub-Function	Food For Hunger	Habitat For Humanity	International Aid	International Federation of Red Cross/Crescent	International Orthodox Christian Charities	International Relief and Development	International Relief Teams	International Rescue Committee	Lutheran World Relief, Inc.
PACOM NGOs 10-18											
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		0	0	0	1	1	1	1	*	0
	Water supply		1	0	1	1	1	1	1	*	1
	Excreta disposal		1	0	0	1	1	1	1	*	0
	Vector control		0	0	0	1	0	1	1	*	0
	Solid waste management		1	0	0	1	1	1	1	*	0
	Drainage		0	0	0	0	1	1	0	*	0
Total			1	0	0	1	1	1	1	*	0
Food security and nutrition											
	Nutrition assessment		0	0	0	1	1	1	*	0	0
	Infant and young child feeding		1	0	0	1	1	1	*	0	0
	Management of acute malnutrition and micornutrient deficiencies		0	0	0	1	1	1	*	0	0
	Food security		1	0	0	1	1	1	*	0	1
		Food transfer	1	0	0	1	1	1	*	0	1
		Cash voucher	0	0	0	1	1	1	*	0	0
		Livelihoods	1	0	0	1	1	1	*	0	1
Total			1	0	0	1	1	1	*	0	0
Shelter, settlement and non-food items									1		
	Shelter and settlement		0	1	0	1	1	1	*	0	0
	Non-Food items		0	0	0	1	1	1	*	0	1
		Clothing	1	0	0	1	1	1	*	0	0
		Bedding	0	0	0	1	1	1	*	0	1
		Houshold items	0	0	0	1	1	1	*	0	1
Total			0	1	0	1	1	1	*	0	1
Health action											
	Health Systems		1	0	1	1	0	1	1	1	0
	Essential Health Services		1	0	0	1	1	1	1	1	0
Total			1	0	1	1	1	1	1	1	0

Table 9.   PACOM AOR Sphere Scorecard: NGOs 19-27 (after Harper et al., 2013)

Core Competency	Function	Sub-Function	Medecins Sans Frontiers/ Dr without Borders	Medical Team International	Mennonite Central Committee	Mercy Corps International	Norwegian Refugee Council	Plan International	Relief International	World Concern	World Vision International
	Performance Measures										
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		1	1	1	1	1	1	1	1	1
	Water supply		1	1	1	1	1	1	1	1	1
	Excreta disposal		1	1	1	1	1	1	1	1	1
	Vector control		1	1	0	0	1	0	1	0	1
	Solid waste management		1	1	1	1	1	1	1	1	1
	Drainage		0	0	0	1	0	0	0	0	0
Total			1	1	1	1	1	1	1	1	1
Food security and nutrition											
	Nutrition assessment		0	1	1	1	1	1	*	1	1
	Infant and young child feeding		0	1	1	1	1	1	*	1	1
	Management of acute malnutrition and micornutrient deficiencies		0	1	1	1	1	1	*	0	1
	Food security		0	0	1	1	1	1	*	1	1
		Food transfer	0	*	1	1	1	1	*	1	1
		Cash voucher	0	0	0	1	1	0	*	0	1
		Livelihoods	0	0	1	1	0	1	1	1	1
Total			0	1	1	1	1	1	*	1	1
Shelter, settlement and non-food items											
	Shelter and settlement		0	0	0	1	1	0	1	1	1
	Non-Food items		0	0	1	*	*	0	*	0	1
		Clothing	0	0	1	*	*	0	*	0	1
		Bedding	0	0	1	*	*	0	*	0	1
		Houshold items	0	0	1	*	*	0	*	0	1
Total			0	0	1	1	1	0	1	1	1
Health action											
	Health Systems		1	1	0	1	0	1	0	0	1
	Essential Health Services		1	1	0	1	0	1	1	1	1
Total			1	1	0	1	0	1	1	1	1

c. SOUTHCOM AOR Sphere Scorecards

The Scorecards for SOUTHCOM are presented in Tables 10 through 13. Each NGO was evaluated and marked to indicate ability to meet the standards which define sub-functions, functions, and ultimately core competencies.

Table 10.   SOUTHCOM AOR Sphere Scorecard: NGOs 1-9 (from Harper et al., 2013)

						SOUTHCOM NGOs 1-9					

Performance Measures			Aerobridge	American Red Cross	America's Relief Team	Baptist Health South Florida	Children's International	Chow	EDGE Outreach	FAVACA	Food for the Poor
Core Competency	Function	Sub-Function									
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		0	1	1	1	1	1	1	1	0
	Water supply		0	1	1	0	1	1	1	1	0
	Excreta disposal		0	1	1	0	1	0	1	0	0
	Vector control		0	1	1	0	1	0	1	0	0
	Solid waste management		0	1	1	0	1	1	1	1	0
	Drainage		0	0	1	0	1	1	1	0	0
Total			0	1	1	0	1	1	1	0	0
Food security and nutrition											
	Nutrition assessment		0	1	1	1	1	1	1	0	1
	Infant and young child feeding		0	1	1	1	1	1	0	0	1
	Management of acute malnutrition and micornutrient deficiencies		0	1	1	1	1	1	1	0	1
	Food security		1	1	1	0	1	1	1	0	1
		Food transfer	1	1	1	0	1	1	0	0	1
		Cash voucher	1	1	1	0	1	1	0	0	1
		Livelihoods	1	1	1	0	1	1	1	0	1
Total			0	1	1	1	1	1	1	0	1
Shelter, settlement and non-food items											
	Shelter and settlement		0	1	1	0	0	0	0	0	1
	Non-Food items		1	1	1	0	1	1	1	0	1
		Clothing	1	1	1	0	1	1	1	0	1
		Bedding	1	1	1	0	1	1	1	0	1
		Houshold items	1	1	1	0	1	1	1	0	1
Total			1	1	1	0	1	1	1	0	1
Health action											
	Health Systems		0	1	1	1	1	0	1	1	0
	Essential Health Services		1	1	1	1	1	0	1	1	1
Total			1	1	1	1	1	0	1	1	1

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Table 11.   SOUTHCOM AOR Sphere Scorecard: NGOs 10-18 (from Harper et al., 2013)

			SOUTHCOM NGOs 10-18								
Performance Measures			Foundation for the Advancement of Children's Esthetics	Give a Kid a Backpack	Heart to Heart International	Hope Haven	Hospital Sisters Mission Outreach	Interaction	International Relief and Development	John Hopkins Critical Response	Latter Days Saint Charities
Core Competency	Function	Sub-Function									
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		1	0	1	1	1	1	1	1	1
	Water supply		0	0	0	0	0	1	1	0	1
	Excreta disposal		0	0	0	0	0	1	1	0	1
	Vector control		0	0	0	0	0	1	1	0	1
	Solid waste management		0	0	0	0	0	1	1	0	1
	Drainage		0	0	0	0	0	1	1	0	1
Total			0	0	0	0	0	1	1	0	1
Food security and nutrition											
	Nutrition assessment		1	0	0	1	1	1	1	1	1
	Infant and young child feeding		0	0	0	1	0	1	1	1	1
	Management of acute malnutrition and micornutrient deficiencies		1	0	0	1	1	1	1	1	1
	Food security		0	0	0	0	1	1	1	1	1
		Food transfer	0	0	0	0	0	1	1	0	1
		Cash voucher	0	0	0	0	0	1	1	0	1
		Livelihoods	0	0	0	0	1	1	1	1	1
Total			0	0	0	1	1	1	1	1	1
Shelter, settlement and non-food items											
	Shelter and settlement		0	0	0	0	0	1	1	0	1
	Non-Food items		0	1	1	0	0	1	1	0	1
		Clothing	0	0	0	0	0	1	1	0	1
		Bedding	0	0	0	0	0	1	1	0	1
		Houshold items	0	1	1	0	0	1	1	0	1
Total			0	1	1	0	0	1	1	0	1
Health action											
	Health Systems		1	0	1	1	1	1	1	1	1
	Essential Health Services		1	0	1	1	1	1	1	1	1
Total			1	0	1	1	1	1	1	1	1

Table 12.   SOUTHCOM AOR Sphere Scorecard: NGOs 19-27 (from Harper et al., 2013)

Performance Measures			L ons Club Internat onal	Lov ng Hugs	M am Ch ldren s Hosp tal	M dwest M ss on D str but on Center	Operat on Sm le	Partners n Health	People to People Internat onal	Project CURE	Project Handclasp Foundat on
Core Competency	Funct on	Sub-Funct on									
Water supply, san tat on and hyg ene promot on (WASH)											
	Hyg ene promot on		1	0	1	0	1	1	0	1	0
	Water supply		1	0	0	0	0	0	0	0	0
	Excreta d sposal		1	0	0	0	0	0	0	0	0
	Vector control		1	0	0	0	0	0	0	0	0
	Sol d waste management		1	0	0	0	0	0	0	0	0
	Dra nage		1	0	0	0	0	0	0	0	0
Total			1	0	0	0	0	0	0	0	0
Food secur ty and nutr t on											
	Nutr t on assessment		1	0	1	0	0	1	0	1	0
	Infant and young ch ld feed ng		1	0	1	0	0	1	0	0	0
	Management of acute malnutr t on and m cronutr ent def c enc es		1	0	1	0	0	1	0	1	0
	Food secur ty		1	0	1	0	0	0	0	1	0
		Food transfer	1	0	0	0	0	0	0	1	0
		Cash voucher	1	0	0	0	0	0	0	0	0
		L vel hoods	1	0	1	0	0	0	0	1	0
Total			1	0	1	0	0	1	0	1	0
Shelter, settlement and non-food tems											
	Shelter and settlement		1	0	0	0	0	0	0	0	0
	Non-Food tems		1	0	0	1	0	0	0	0	1
		Cloth ng	1	0	0	0	0	0	0	0	0
		Bedd ng	1	0	0	0	0	0	0	0	0
		Houshold tems	1	0	0	1	0	0	0	0	1
Total			1	0	0	1	0	0	0	0	1
Health act on											
	Health Systems		1	0	1	0	1	1	0	1	0
	Essent al Health Serv ces		1	0	1	0	1	1	0	1	0
Total			1	0	1	0	1	1	0	1	0

Table 13.   SOUTHCOM AOR Sphere Scorecard: NGOs 28-36 (from Harper et al., 2013)

	SOUTHCOM NGOs 28-36										
	Performance Measures		Project Hope	Registered Nurse Response Network	Rotary International	Spirit of America	The Message Program	University of CA San Diego Pre-Dental Society	Vets Without Borders	Wheelchair Foundation	World Vets
Core Competency	Function	Sub-Function									
Water supply, sanitation and hygiene promotion (WASH)											
	Hygiene promotion		1	1	1	0	0	1	1	0	1
	Water supply		0	0	1	0	0	0	0	0	0
	Excreta disposal		0	0	1	0	0	0	0	0	0
	Vector control		0	0	1	0	0	0	1	0	1
	Solid waste management		0	0	1	0	0	0	0	0	0
	Drainage		0	0	1	0	0	0	0	0	0
Total			0	0	1	0	0	0	0	0	0
Food security and nutrition											
	Nutrition assessment		1	1	1	0	0	0	0	0	0
	Infant and young child feeding		1	1	1	0	0	0	0	0	0
	Management of acute malnutrition and micornutrient deficiencies		1	1	1	0	0	0	0	0	0
	Food security		0	0	1	0	0	0	1	0	1
		Food transfer	0	0	1	0	0	0	0	0	0
		Cash voucher	0	0	1	0	0	0	0	0	0
		Livelihoods	0	0	1	0	0	0	1	0	1
Total			1	1	1	0	0	0	0	0	0
Shelter, settlement and non-food items											
	Shelter and settlement		0	0	1	0	0	0	0	0	0
	Non-Food items		0	0	1	1	0	0	0	0	0
		Clothing	0	0	1	1	0	0	0	0	0
		Bedding	0	0	1	1	0	0	0	0	0
		Houshold items	0	0	1	1	0	0	0	0	0
Total			0	0	1	1	0	0	0	0	0
Health action											
	Health Systems		1	1	1	0	0	0	1	0	1
	Essential Health Services		1	1	1	0	0	1	0	0	0
Total			1	1	1	0	0	1	1	0	1

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B.   FINANCIAL DATA BY NGO

The first step in replicating and expanding the financial analysis conducted by Nguyen and Curley (2013) was to collect the most current financial data available for each of the 88 NGOs to be studied. The ideal source for financial data is an audited financial statement and, wherever possible, this was the source chosen. However, when audited financials were not available, the second preferable source was an annual report prepared by the NGO or an unaudited presentation of financial data. Finally, if the NGO did not provide any form of financial reporting, we obtained the entity's IRS Form 990 from Guidestar.org, an organization that provides information on non-profit entities (Guidestar, n.d.). Financial reporting in foreign currencies was converted to U.S. dollars.

In most cases, financial data for each NGO was directly obtained from the NGO website or Guidestar.org to ensure use of the most current information available. There were only 6 exceptions to this practice (7% of the NGOs observed). For Latter-Day Saints Charities, no current or historic financial information could be located due to discontinuation of public access to the government database that contained this information. As such, we resorted to using financial data reported in the Harper, et al. report (2013). For Cortland Humanitarian Outreach Worldwide and Foundation for the Advancement of Children's Esthetics, no financial data could be located by reasonable means. Three NGOs, Johns Hopkins Office of Critical Preparedness and Response (CEPAR), Registered Nurse Response Network (RNRN), and the University of California San Diego Pre-Dental Society, were observed to operate as a subsidiary or function as an arm of a larger organization. In these cases, individual financial reporting is not made as they operate with access to the parent organization's resources. Presentation of the parent organization's financial information would be misleading in determining the efficiency of the subsidiary organization and was therefore omitted from this report.

Revenues are presented in four key categories: grants, contributions, investments, and other. Grant revenue is any revenue derived from a government source. Contributions include both cash and the dollar value of in-kind services and goods.

Investment revenues are generally interest and some gains and losses from investment transactions. Other revenue includes not only those revenues categorized as miscellaneous or other in the financial resource documents, but also service revenue, rental income, gains on sales of assets, and other earned amounts ranging from the sale of t-shirts to the provision of laboratory testing and beyond. Although other income is ancillary for most NGOs, it can comprise a significant portion of an NGO's income and support in some cases.

Expenses are presented in two categories: program services and supporting services. Program service expenses are any and all expenses related to the delivery of that NGO's primary mission. This can include salaries, supplies, travel, and other expenses so long as they are used directly in the execution of the mission. Supporting services are all those expenditures that could be considered necessary to run the business and support the provision of the primary mission. This would include home office supplies, accountants, lawyers, management, and fund-raising costs.

The categories were chosen to convey an accurate depiction of the results of operating and program activities. As such, non-operating revenues such as foreign currency exchanges and unrealized gain/losses were omitted from this report as they are essentially unrelated to the normal course of business for a non-profit, and were immaterial in all cases.

Presented below is financial data for each NGO organized by AOR. In some cases the same NGO is included for multiple AORs and a reference to the first presentation of data is included rather than repeating data.

1. EUCOM NGOs

Detailed financial information follows for each of the NGOs in the EUCOM AOR.

Action Against Hunger
2012

Revenues:	
Grant	56,088,595
Contribution	7,458,058
Interest	2,700
Other	672,123
Total Revenue	64,221,476
Expenses:	
Program Services	44,106,036
Supporting Services	7,669,395
Total Expenses	51,775,431
Net Increase (Decrease)	12,446,045

(Action Against Hunger, 2012)

Adventist Development and Relief Agency
2012

Revenues:	
Grant	50,243,006
Contribution	31,125,422
Interest	(615,356)
Other	9,294
Total Revenue	80,762,366
Expenses:	
Program Services	72,274,368
Supporting Services	5,293,869
Total Expenses	77,568,237
Net Increase (Decrease)	3,194,129

(Adventist Development and Relief Agency, 2012)

Care International

	2013
Revenues:	
Grant	211,715,000
Contribution	262,278,000
Investment	11,066,000
Other	4,522,000
Total Revenue	489,581,000
Expenses:	
Program Services	458,779,000
Supporting Services	55,309,000
Total Expenses	514,088,000
Net Increase (Decrease)	(24,507,000)

(Care International, 2014)

Catholic Relief Services
2013

	2013
Revenues:	
Grant	501,318,000
Contribution	196,095,000
Investment	3,711,000
Other	-
Total Revenue	701,124,000
Expenses:	
Program Services	683,371,000
Supporting Services	49,047,000
Total Expenses	732,418,000
Net Increase (Decrease)	(31,294,000)

(Catholic Relief Services, 2014)

Child Fund International
2013

Revenues:

Grant	38,852,063
Contribution	209,417,104
Investment	-
Other	4,086,887
Total Revenue	252,356,054

Expenses:

Program Services	207,816,958
Supporting Services	46,090,565
Total Expenses	253,907,523

Net Increase (Decrease) (1,551,469)

(Child Fund International, 2013)

Church World Service
2013

Revenues:

Grant	43,999,257
Contribution	29,163,412
Investment	131,469
Other	1,952,706
Total Revenue	75,246,844

Expenses:

Program Services	66,186,965
Supporting Services	10,720,541
Total Expenses	76,907,506

Net Increase (Decrease) (1,660,662)

(Church World Service, 2014)

Counterpart International
2012

Revenues:

Grant	67,461,858
Contribution	3,595,888
Investment	98,183
Other	411,912
Total Revenue	71,567,841

Expenses:

Program Services	71,285,326
Supporting Services	726,084
Total Expenses	72,011,410

Net Increase (Decrease)   (443,569)

(Counterpart International, 2013)

Direct Relief International
2013

Revenues:

Grant	6,328,000
Contribution	385,636,000
Investment	(401,000)
Other	435,000
Total Revenue	391,998,000

Expenses:

Program Services	388,913,000
Supporting Services	3,826,000
Total Expenses	392,739,000

Net Increase (Decrease)   (741,000)

(Direct Relief International, 2014)

Heart to Heart International

2012

Revenues:

Grant	891,962
Contribution	119,198,957
Investment	3,817
Other	803,704
Total Revenue	120,898,440

Expenses:

Program Services	99,724,572
Supporting Services	1,332,184
Total Expenses	101,056,756

Net Increase (Decrease)	19,841,684

(Heart to Heart International, 2013)

International Federation of Red Cross and Red Crescent Societies

2013

Revenues:	*USD from CHF*
Grant	39,700,640
Contribution	294,603,680
Investment	-
Other	47,843,040
Total Revenue	382,147,360

Expenses:

Program Services	364,819,840
Supporting Services	38,029,600
Total Expenses	402,849,440

Net Increase (Decrease)	(20,702,080)

(International Federation of Red Cross and Red Crescent Societies, 2014)

International Orthodox Christian Charities
2013

Revenues:

Grant	35,818,598
Contribution	16,700,765
Investment	287,785
Other	1,104,027
Total Revenue	53,911,175

Expenses:

Program Services	50,962,421
Supporting Services	1,487,952
Total Expenses	52,450,373

Net Increase (Decrease)   1,460,802

(International Orthodox Christian Charities, 2014)

International Relief Teams
2013

Revenues:

Grant	135,188
Contribution	29,521,852
Investment	33,916
Other	169,330
Total Revenue	29,860,286

Expenses:

Program Services	29,338,289
Supporting Services	481,378
Total Expenses	29,819,667

Net Increase (Decrease)   40,619

(International Relief Teams, 2013)

International Rescue Committee
2013

Revenues:

Grant	48,965,000
Contribution	399,312,000
Investment	4,119,000
Other	3,686,000
Total Revenue	456,082,000

Expenses:

Program Services	416,585,000
Supporting Services	36,574,000
Total Expenses	453,159,000

Net Increase (Decrease) — 2,923,000

(International Rescue Committee, 2014)

Islamic Relief USA
2013

Revenues:

Grant	-
Contribution	66,679,064
Investment	-
Other	178,175
Total Revenue	66,857,239

Expenses:

Program Services	40,385,279
Supporting Services	11,578,418
Total Expenses	51,963,697

Net Increase (Decrease) — 14,893,542

(Islamic Relief USA, 2014)

Medical Teams International
2013

Revenues:

Grant	3,405,594
Contribution	99,267,726
Investment	276,424
Other	1,354,044
Total Revenue	104,303,788

Expenses:

Program Services	102,163,203
Supporting Services	4,166,471
Total Expenses	106,329,674

Net Increase (Decrease)   (2,025,886)

(Medical Teams International, 2013)

Médecins Sans Frontières / Doctors Without Borders
2013

Revenues: USD from Euro

Grant	126,436,480
Contribution	1,223,601,520
Investment	-
Other	21,570,960
Total Revenue	1,371,608,960

Expenses:

Program Services	1,038,687,760
Supporting Services	256,712,240
Total Expenses	1,295,400,000

Net Increase (Decrease)   76,208,960

(Médecins Sans Frontières / Doctors Without Borders, 2014)

Mennonite Central Committee
2013

Revenues:

Grant	10,620,000
Contribution	33,682,000
Investment	-
Other	44,236,000
Total Revenue	88,538,000

Expenses:

Program Services	72,863,000
Supporting Services	14,194,000
Total Expenses	87,057,000

Net Increase (Decrease)   1,481,000

(Mennonite Central Committee, 2013)

Mercy Corps International
2013

Revenues:

Grant	192,037,000
Contribution	45,991,000
Investment	27,468,000
Other	1,825,000
Total Revenue	267,321,000

Expenses:

Program Services	231,858,000
Supporting Services	40,215,000
Total Expenses	272,073,000

Net Increase (Decrease)   (4,752,000)

(Mercy Corps International, 2013)

Norwegian People's Aid
2012

Revenues:	USD from NOK
Grant	1,095,680
Contribution	98,182,720
Investment	-
Other	38,318,720
Total Revenue	137,597,120

Expenses:	
Program Services	125,938,240
Supporting Services	10,048,480
Total Expenses	135,986,720

Net Increase (Decrease)	1,610,400

(Norwegian People's Aid, 2013)

Norwegian Refugee Council
2012

Revenues:	USD from NOK
Grant	-
Contribution	213,218,560
Investment	1,688,800
Other	6,838,080
Total Revenue	221,745,440

Expenses:	
Program Services	222,226,240
Supporting Services	4,208,000
Total Expenses	226,434,240

Net Increase (Decrease)	(4,688,800)

(Norwegian Refugee Council, 2013)

Relief International
2012

Revenues:

Grant	20,693,729
Contribution	322,055
Investment	2,755,788
Other	1,430,559
Total Revenue	25,202,131

Expenses:

Program Services	28,371,368
Supporting Services	4,165,491
Total Expenses	32,536,859

Net Increase (Decrease)   (7,334,728)

(Relief International, 2014)

The Salvation Army International
2012

Revenues:

Grant	353,644,000
Contribution	1,919,849,000
Investment	296,351,000
Other	818,131,000
Total Revenue	3,387,975,000

Expenses:

Program Services	2,705,832,000
Supporting Services	583,562,000
Total Expenses	3,289,394,000

Net Increase (Decrease)   98,581,000

(The Salvation Army International, 2013)

United Methodist Committee On Relief (UMCOR)
2012

Revenues:

Grant	10,692,419
Contribution	33,379,939
Investment	1,783,589
Other	8,418,166
Total Revenue	54,274,113

Expenses:

Program Services	48,564,961
Supporting Services	5,447,906
Total Expenses	54,012,867

Net Increase (Decrease)	261,246

(United Methodist Committee On Relief [UMCOR], 2013)

World Relief
2013

Revenues:

Grant	36,325,009
Contribution	14,821,254
Investment	1,751,255
Other	3,815,597
Total Revenue	56,713,115

Expenses:

Program Services	49,671,310
Supporting Services	8,498,453
Total Expenses	58,169,763

Net Increase (Decrease)	(1,456,648)

(World Relief, 2014)

World Vision International

2014

Revenues:

Grant	-
Contribution	1,819,104,000
Investment	-
Other	204,990,000
Total Revenue	2,024,094,000

Expenses:

Program Services	1,907,198,000
Supporting Services	85,354,000
Total Expenses	1,992,552,000

Net Increase (Decrease)	31,542,000

(World Vision International, 2014)

2. PACOM NGOs

Sections a through aa exhibit detailed financial information for each of the NGOs in the PACOM AOR.

Action Against Hunger

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Adventist Development and Relief Agency

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Care International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Catholic Relief Services

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Church World Service

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Concern Worldwide U.S.
2013

Revenues:

Grant	17,479,493
Contribution	8,739,793
Investment	6,488
Other	2,581,181
Total Revenue	28,806,955

Expenses:

Program Services	28,547,161
Supporting Services	2,416,706
Total Expenses	30,963,867

Net Increase (Decrease) (2,156,912)

(Concern Worldwide U.S., 2014)

Counterpart International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Direct Relief International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Episcopal Relief & Development
2012

Revenues:

Grant	
Contribution	16,383,275
Investment	2,232,151
Other	2,202,650
Total Revenue	20,818,076

Expenses:

Program Services	17,397,996
Supporting Services	3,178,730
Total Expenses	20,576,726

Net Increase (Decrease) 241,350

(Episcopal Relief & Development, 2013)

Food for the Hungry
2013

Revenues:

Grant	28,423,353
Contribution	67,605,452
Investment	582,996
Other	779,794
Total Revenue	97,391,595

Expenses:

Program Services	83,083,447
Supporting Services	17,407,825
Total Expenses	100,491,272

Net Increase (Decrease) (3,099,677)

(Food for the Hungry, 2014)

Habitat for Humanity International
2013

Revenues:

Grant	74,230,735
Contribution	203,220,123
Investment	-
Other	32,233,027
Total Revenue	309,683,885

Expenses:

Program Services	284,882,878
Supporting Services	50,270,224
Total Expenses	335,153,102

Net Increase (Decrease)   (25,469,217)

(Habitat for Humanity International, 2013)

International Aid
2013

Revenues:

Grant	-
Contribution	86,741,145
Investment	
Other	1,568,390
Total Revenue	88,309,535

Expenses:

Program Services	86,745,429
Supporting Services	953,455
Total Expenses	87,698,884

Net Increase (Decrease)   610,651

(International Aid, 2013)

International Federation of Red Cross and Red Crescent Societies

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

International Orthodox Christian Charities

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

International Relief and Development
2012

Revenues:

Grant	239,515,265
Contribution	115,354,533
Investment	4,217
Other	63,678
Total Revenue	354,937,693

Expenses:

Program Services	318,338,475
Supporting Services	31,723,262
Total Expenses	350,061,737

Net Increase (Decrease)	4,875,956

(International Relief and Development, 2013)

International Relief Teams

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

International Rescue Committee

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Lutheran World Relief
2013

Revenues:

Grant	5,910,000
Contribution	31,527,000
Investment	2,431,000
Other	25,000
Total Revenue	39,893,000

Expenses:

Program Services	39,719,000
Supporting Services	5,507,000
Total Expenses	45,226,000

Net Increase (Decrease)	(5,333,000)

(Lutheran World Relief, 2014)

Medical Teams International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Médecins Sans Frontières

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Mennonite Central Committee

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Mercy Corps International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Norwegian Refugee Council

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Plan International
2013

Revenues:	USD from Euro
Grant	250,711,920
Contribution	662,643,680
Investment	2,439,840
Other	7,335,840
Total Revenue	923,131,280

Expenses:	
Program Services	727,390,560
Supporting Services	220,763,360
Total Expenses	948,153,920

Net Increase (Decrease)	(25,022,640)

(Plan International, 2013)

Relief International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

World Concern
2013

Revenues:	
Grant	3,665,000
Contribution	25,498,000
Investment	617,000
Other	145,000
Total Revenue	29,925,000

Expenses:	
Program Services	25,605,000
Supporting Services	4,872,000
Total Expenses	30,477,000

Net Increase (Decrease)	(552,000)

(World Concern, 2013)

World Vision International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

3.   SOUTHCOM NGOs

Detailed financial information follows for each of the NGOs in the SOUTHCOM AOR.

Aero Bridge

	2013
Revenues:	
Grant	-
Contribution	1,670
Investment	3
Other	-
Total Revenue	1,673
Expenses:	
Program Services	3,918
Supporting Services	-
Total Expenses	3,918
Net Increase (Decrease)	(2,245)

(Aero Bridge, 2013)

American Red Cross
2013

Revenues:

Grant	73,132,000
Contribution	1,077,254,000
Investment	48,697,000
Other	2,236,858,000
Total Revenue	3,435,941,000

Expenses:

Program Services	3,054,869,000
Supporting Services	325,714,000
Total Expenses	3,380,583,000

Net Increase (Decrease)	55,358,000

(American Red Cross, 2013)

Americas Relief Team
2013

Revenues:

Grant	72,303
Contribution	682,465
Investment	-
Other	3,050
Total Revenue	757,818

Expenses:

Program Services	782,235
Supporting Services	164,318
Total Expenses	946,553

Net Increase (Decrease)	(188,735)

(Americas Relief Team, n.d.)

Baptist Health South Florida
2012

Revenues:

Grant	-
Contribution	-
Investment	234,170,000
Other	2,403,270,000
Total Revenue	2,637,440,000

Expenses:

Program Services	2,240,000,000
Supporting Services	79,990,000
Total Expenses	2,319,990,000

Net Increase (Decrease)	317,450,000

(Baptist Health South Florida, n.d.)

Children International
2013

Revenues:

Grant	744,832
Contribution	179,640,614
Investment	-
Other	-
Total Revenue	180,385,446

Expenses:

Program Services	149,609,081
Supporting Services	30,699,044
Total Expenses	180,308,125

Net Increase (Decrease)	77,321

(Children International, 2014)

Cortland Humanitarian Outreach Worldwide
No financial data available.

EDGE Outreach (WaterStep)
2012

Revenues:

Grant	-
Contribution	1,096,761
Investment	1,061
Other	322,856
Total Revenue	1,420,678

Expenses:

Program Services	1,275,533
Supporting Services	170,688
Total Expenses	1,446,221

Net Increase (Decrease)   (25,543)

(EDGE Outreach (WaterStep) , 2013)

Florida Association for Volunteer Action in the Caribbean and the Americas
2012

Revenues:

Grant	282,130
Contribution	505,640
Investment	2
Other	1,229
Total Revenue	789,001

Expenses:

Program Services	763,350
Supporting Services	45,152
Total Expenses	808,502

Net Increase (Decrease)   (19,501)

(Florida Association for Volunteer Action in the Caribbean and the Americas, 2013)

Food for the Poor
2012

Revenues:

Grant	-
Contribution	900,396,552
Investment	32,916
Other	104,966
Total Revenue	900,534,434

Expenses:

Program Services	859,467,705
Supporting Services	37,045,643
Total Expenses	896,513,348

Net Increase (Decrease)	4,021,086

(Food for the Poor, 2013)

Foundation for the Advancement of Children's Esthetics

No financial data available.

Give a Kid a Backpack
2011

Revenues:

Grant	-
Contribution	18,547
Investment	-
Other	-
Total Revenue	18,547

Expenses:

Program Services	13,773
Supporting Services	3,184
Total Expenses	16,957

Net Increase (Decrease)	1,590

(Give a Kid a Backpack, 2012)

Heart to Heart International

This NGO operates in multiple AORs. See EUCOM AOR for financial data.

Hope Haven
2013

Revenues:

Grant	-
Contribution	1,888,911
Investment	12,912
Other	26,849,553
Total Revenue	28,751,376

Expenses:

Program Services	25,218,244
Supporting Services	3,010,673
Total Expenses	28,228,917

Net Increase (Decrease)	522,459

(Hope Haven, 2013)

Hospital Sisters Mission Outreach
2013

Revenues:

Grant	109,523
Contribution	6,238,702
Investment	6,523
Other	265,988
Total Revenue	6,620,736

Expenses:

Program Services	7,695,065
Supporting Services	252,100
Total Expenses	7,947,165

Net Increase (Decrease)	(1,326,429)

(Hospital Sisters Mission Outreach, 2013)

InterAction

2012

Revenues:

Grant	3,359,331
Contribution	-
Investment	23,640
Other	3,409,570
Total Revenue	6,792,541

Expenses:

Program Services	7,528,849
Supporting Services	1,395,744
Total Expenses	8,924,593

Net Increase (Decrease)	(2,132,052)

(InterAction, 2013)

International Relief and Development
This NGO operates in multiple AORs. See PACOM AOR for financial data.

Johns Hopkins Office of Critical Preparedness and Response (CEPAR)
No individual financial reporting - Operates as part of Johns Hopkins Enterprise.

Latter-Day Saints (LDS) Charities
2014

Revenues:

Grant	-
Contribution	-
Investment	33,357
Other	-
Total Revenue	33,357

Expenses:

Program Services	55,395
Supporting Services	26,840
Total Expenses	82,235

Net Increase (Decrease) (48,878)

(Harper et al., 2013).

Lions Clubs International Foundation
2013

Revenues:

Grant	-
Contribution	35,613,459
Investment	16,374,877
Other	146,042
Total Revenue	52,134,378

Expenses:

Program Services	41,536,369
Supporting Services	7,487,363
Total Expenses	49,023,732

Net Increase (Decrease) 3,110,646

(Lions Clubs International Foundation, 2013)

Loving Hugs
2009

Revenues:

Grant	-
Contribution	49,941
Investment	169
Other	
Total Revenue	50,110

Expenses:

Program Services	24,463
Supporting Services	8,223
Total Expenses	32,686

Net Increase (Decrease)	17,424

(Loving Hugs, 2010)

Miami Children's Hospital
2012

Revenues:

Grant	-
Contribution	11,611,594
Investment	1,916,647
Other	(1,481,622)
Total Revenue	12,046,619

Expenses:

Program Services	9,905,392
Supporting Services	4,422,658
Total Expenses	14,328,050

Net Increase (Decrease)	(2,281,431)

(Miami Children's Hospital, 2013)

Midwest Mission Distribution Center
2012

Revenues:

Grant	-
Contribution	558,639
Investment	147
Other	513
Total Revenue	559,299

Expenses:

Program Services	404,937
Supporting Services	82,808
Total Expenses	487,745

Net Increase (Decrease)	71,554

(Midwest Mission Distribution Center, 2013)

Operation Smile
2013

Revenues:

Grant	-
Contribution	78,170,365
Investment	-
Other	732,603
Total Revenue	78,902,968

Expenses:

Program Services	54,252,760
Supporting Services	23,189,296
Total Expenses	77,442,056

Net Increase (Decrease)	1,460,912

(Operation Smile, 2013)

Partners in Health
2013

Revenues:

Grant	20,220,000
Contribution	72,317,000
Investment	-
Other	1,162,000
Total Revenue	93,699,000

Expenses:

Program Services	90,697,000
Supporting Services	6,657,000
Total Expenses	97,354,000

Net Increase (Decrease)   (3,655,000)

(Partners in Health, 2013)

People to People International (PTPI)
2012

Revenues:

Grant	-
Contribution	869,692
Investment	240,049
Other	3,123,316
Total Revenue	4,233,057

Expenses:

Program Services	3,206,485
Supporting Services	838,544
Total Expenses	4,045,029

Net Increase (Decrease)   188,028

(People to People International, 2013)

Project C.U.R.E.
2013

Revenues:

Grant	7,127,796
Contribution	47,701,401
Investment	-
Other	-
Total Revenue	54,829,197

Expenses:

Program Services	58,234,993
Supporting Services	965,199
Total Expenses	59,200,192

Net Increase (Decrease)	(4,370,995)

(Project C.U.R.E. , 2013)

Project Handclasp Foundation
2012

Revenues:

Grant	19,532
Contribution	8,368
Investment	8,820
Other	-
Total Revenue	36,720

Expenses:

Program Services	19,532
Supporting Services	25
Total Expenses	19,557

Net Increase (Decrease)	17,163

(Project Handclasp Foundation, 2013)

Project HOPE
2013

Revenues:

Grant	14,701,000
Contribution	269,798,000
Investment	-
Other	5,890,000
Total Revenue	290,389,000

Expenses:

Program Services	276,962,000
Supporting Services	12,453,000
Total Expenses	289,415,000

Net Increase (Decrease)	974,000

(Project HOPE, 2013)

Registered Nurse Response Network (RNRN)
No individual financial reporting - Operates as part of the California Nurses Foundation.

Rotary International
2013

Revenues:

Grant	-
Contribution	234,196,000
Investment	67,713,000
Other	90,161,000
Total Revenue	392,070,000

Expenses:

Program Services	176,509,000
Supporting Services	25,660,000
Total Expenses	202,169,000

Net Increase (Decrease)	189,901,000

(Rotary International, 2013)

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Spirit of America
2012

Revenues:

Grant	-
Contribution	1,501,369
Investment	982
Other	-
Total Revenue	1,502,351

Expenses:

Program Services	1,396,307
Supporting Services	419,152
Total Expenses	1,815,459

Net Increase (Decrease) (313,108)

(Spirit of America, 2013)

The MESSAGE Program
2012

Revenues:

Grant	-
Contribution	195,743
Investment	-
Other	-
Total Revenue	195,743

Expenses:

Program Services	28,789
Supporting Services	3,460
Total Expenses	32,249

Net Increase (Decrease) 163,494

(The MESSAGE Program, 2013)

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University of California San Diego Pre-Dental Society
No individual financial reporting. Operates as part of UCSD.

Veterinarians Without Borders
2012

Revenues:

Grant	-
Contribution	89,240
Investment	-
Other	46,965
Total Revenue	136,205

Expenses:

Program Services	70,816
Supporting Services	2,799
Total Expenses	73,615

Net Increase (Decrease)	62,590

(Veterinarians Without Borders, 2013)

Wheelchair Foundation
2012

Revenues:

Grant	-
Contribution	88,053,345
Investment	185,129
Other	194,755
Total Revenue	88,433,229

Expenses:

Program Services	5,048,699
Supporting Services	1,058,127
Total Expenses	6,106,826

Net Increase (Decrease)	82,326,403

(Wheelchair Foundation, 2013)

World Vets

2012

Revenues:	
Grant	-
Contribution	968,715
Investment	4,374
Other	508,960
Total Revenue	1,482,049

Expenses:	
Program Services	1,283,297
Supporting Services	130,615
Total Expenses	1,413,912

Net Increase (Decrease)	68,137

(World Vets, 2013)

This chapter consisted of our assembly and presentation of raw data used for analysis in chapter four and conclusions in chapter five. The Sphere Project section described the methodology used to define capabilities and our findings for each of the NGOs. The second section to this chapter described collection of financial information, discussion of categories of financial data used in this study, and a presentation of collected financial data for each NGO.

IV. ANALYSIS

This chapter analyzes the data collected in chapter three and presents the information in a format useful for commanders confronted with an HA/DR situation. The Sphere Project section presents the Aggregate Scorecard to facilitate a quick glance indication of capabilities inherent with each NGO. The Financial Analysis section presents a visual analysis of NGO revenue sources, mission efficiency, and budget efficiency. Finally, this chapter presents the Commander's Cut Cards that tie the two sections together by providing the reader with a tool for rapidly accessing NGO capabilities as well as mission and budgetary financial efficiencies.

A. THE SPHERE PROJECT

Understanding that the Sphere *Scorecard* used to annotate NGO capabilities and presented in chapter 3 is difficult to read and interpret, a synopsis of each NGO's ability to meet requirements for each categorical core competency (Water, Food, Shelter, Health) has been summarized into an *Aggregate Scorecard* for each COCOM in this chapter (see Tables 14-16). These tables omit the specific functions that define the core competencies and provide the reader with a quick glance indication of capabilities by NGO.

A "1" indicates that at least 50% of all functions defining a core competency are met by the respective NGO. A "0" indicates that less than 50% of the functions are met. An "*" indicates that the authors of this report were unable to find relevant data to draw a conclusion about the NGO's capability. Further investigation would be required by a Commander to determine the usefulness of any NGO with an "*" in any core competency or function thereof.

The reader will note that many NGOs do not specialize in all four core competencies. In fact, some only specialize in one area. There can be many reasons why, but the specific rational of each NGO is not provided in this report. In general, many NGOs have mission statements that focus on only certain capabilities. This is frequently because of inherent expertise; for example, *Doctors Without Borders* naturally

has a specialty in *Health* and channels their talent into competencies where it can make the most impact. It is logical for the Doctors to focus on *Health* rather than *Shelter*. An NGO with a score of "0" does not mean that a particular NGO is not a worthwhile NGO, only that the authors were not able to find proof that the respective NGO can perform at least 50% of the functions that define that particular competency. It is quite possible that the NGO in question does provide essential services (functions), perhaps with best-in-class levels that could be beneficial to the Commander. In order to determine the specific details of capabilities the reader is directed to the Scorecard in chapter 3, as the tables in this chapter are designed for a more high level, quick glance indication of capabilities.

1. EUCOM AOR Sphere Aggregate Scorecard

Table 14 presents the Sphere Aggregate Scorecard for the EUCOM AOR NGOs and is useful in determining HA/DR capabilities.

Table 14.   EUCOM AOR Aggregate Scorecard (after Harper et al., 2013)

	Score			
EUCOM NGOs	**WASH**	**Food, Security, and Nutrition**	**Shelter, Settlement, and Non-food Items**	**Health Action**
Action Against Hunger	1	1	0	0
Adventist Development and Relief Agency	1	1	1	1
Care International	1	1	1	0
Catholic Relief Services	1	1	1	1
Child Fund International	*	*	1	*
Church World Service	0	0	1	0
Counterpart International	0	1	0	1
Direct Relief International	0	0	0	1
Heart to Heart International	0	0	0	1
International Federation of Red Cross and Red Crescent Societies	1	1	1	1
International Orthodox Christian Charities	1	1	1	1
International Relief Teams	1	*	*	1
International Rescue Committee	*	0	0	1
Islamic Relief USA	1	1	0	*
Médecins Sans Frontières / Doctors Without Borders	1	0	0	1
Medical Teams International	1	1	0	1
Mennonite Central Committee	1	1	1	0
Mercy Corps International	1	1	1	1
Norwegian People's Aid	0	0	0	0
Norwegian Refugee Council	1	1	1	0
Relief International	1	*	1	1
The Salvation Army International	0	0	0	1
United Methodist Committee on Relief	1	0	1	1
World Relief	0	1	1	1
World Vision International	1	1	1	1

2. PACOM AOR Sphere Aggregate Scorecard

Table 15 presents the Sphere Aggregate Scorecard for the PACOM AOR NGOs and is useful in determining HA/DR capabilities.

Table 15.   PACOM AOR Aggregate Scorecard (after Harper et al., 2013)

PACOM NGOs	Score			
	WASH	Food, Security, and Nutrition	Shelter, Settlement, and Non-food Items	Health Action
Action Against Hunger	1	1	0	0
Adventist Development and Relief Agency	1	1	1	1
Care International	1	1	1	0
Catholic Relief Services	1	1	1	1
Church World Service	*	*	1	0
Concern Worldwide U.S.	1	1	1	1
Counterpart International	0	1	0	1
Direct Relief International	0	0	0	1
Episcopal Relief & Development	1	1	1	1
Food for the Hungry	1	1	0	1
Habitat for Humanity International	0	0	1	0
International Aid	0	0	0	1
International Federation of Red Cross and Red Crescent Societies	1	1	1	1
International Orthodox Christian Charities	1	1	1	1
International Relief and Development	1	1	1	1
International Relief Teams	1	*	*	1
International Rescue Committee	*	0	0	1
Lutheran World Relief	0	0	1	0
Médecins Sans Frontières	1	0	0	1
Medical Teams International	1	1	0	1
Mennonite Central Committee	1	1	1	0
Mercy Corps International	1	1	1	1
Norwegian Refugee Council	1	1	1	0
Plan International	1	1	0	1
Relief International	1	*	1	1
World Concern	1	1	1	1
World Vision International	1	1	1	1

3. SOUTHCOM AOR Sphere Aggregate Scorecard

Table 16 presents the Sphere Aggregate Scorecard for the SOUTHCOM AOR NGOs and is useful in determining HA/DR capabilities.

Table 16.   SOUTHCOM AOR Aggregate Scorecard (from Harper et al., 2013)

SOUTHCOM NGOs	Score			
	WASH	Food, Security, and Nutrition	Shelter, Settlement, and Non-food Items	Health Action
AeroBridge	0	0	1	1
American Red Cross	1	1	1	1
America's Relief Team	1	1	1	1
Baptist Health South Florida	0	1	0	1
Children's International	1	1	1	1
Chow	1	1	1	0
EDGE Outreach (WaterStep)	1	1	1	1
FAVACA	0	0	0	1
Food For the Poor	0	1	1	1
Foundation for the Advancement of Children's Esthetics	0	0	0	1
Give a Kid a Backpack	0	0	0	0
Heart to Heart International	0	0	1	1
Hope Haven	0	1	0	1
Hospital Sisters Mission Outreach	0	1	0	1
Interaction	1	1	1	1
International Relief and Development	1	1	1	1
John Hopkins Office of Critical Preparedness and Response	0	1	0	1
Latter Day Saint Charities	1	1	1	1
Lions Club International	1	1	1	1
Loving Hugs	0	0	0	0
Miami Children's Hospital	0	1	0	1
Midwest Mission Distr. Center	0	0	1	0
Operation Smile	0	0	0	1
Partners In Health	0	1	0	1
People to People International	0	0	0	0
Project CURE	0	1	0	1
Project Handclasp Foundation	0	0	1	0
Project HOPE	0	0	0	1
Registered Nurse Response Network	0	1	0	1
Rotary International	1	1	1	1

	Score			
Spirit of America	0	0	1	0
The Message Program	0	0	0	0
UC San Diego Pre-Dental Society	0	0	0	1
Vets Without Borders	0	1	0	1
Wheelchair Foundation	0	0	0	0
World Vets	0	0	0	1

B.   FINANCIAL ANALYSIS

Unlike a for-profit business, an NGO is not expected to generate revenues in order to continue functioning. Alternatively, NGO's must raise funds via donations and grants, primarily. Moreover, they are expected to use those funds for the benefit of their stated mission. If an NGO is unable to raise funds or is seen to inefficiently use the funds that are raised, it will be unable to provide mission services and donors would see no benefit in further donations. This becomes a cycle of failure in that poorly managed funds results in fewer funds raised and higher expenditures in the pursuit of fund raising. As a partner in HA/DR, a preferable NGO would be one that is successful in fund raising, effective in the delivery of their mission, and efficient in the overall management of their organization.

1.   NGO Revenue Sources

We began our financial assessment using the same analysis as Nguyen and Curley (2013), in that we created pie charts depicting revenue sources of the various NGOs, organized by AOR. Using expenditure categories as described in Chapter 3, Figures 1 through 3 were created to depict our initial findings of revenue sources.

Figure 1.   EUCOM AOR Revenue Sources (after Nguyen & Curley, 2013)
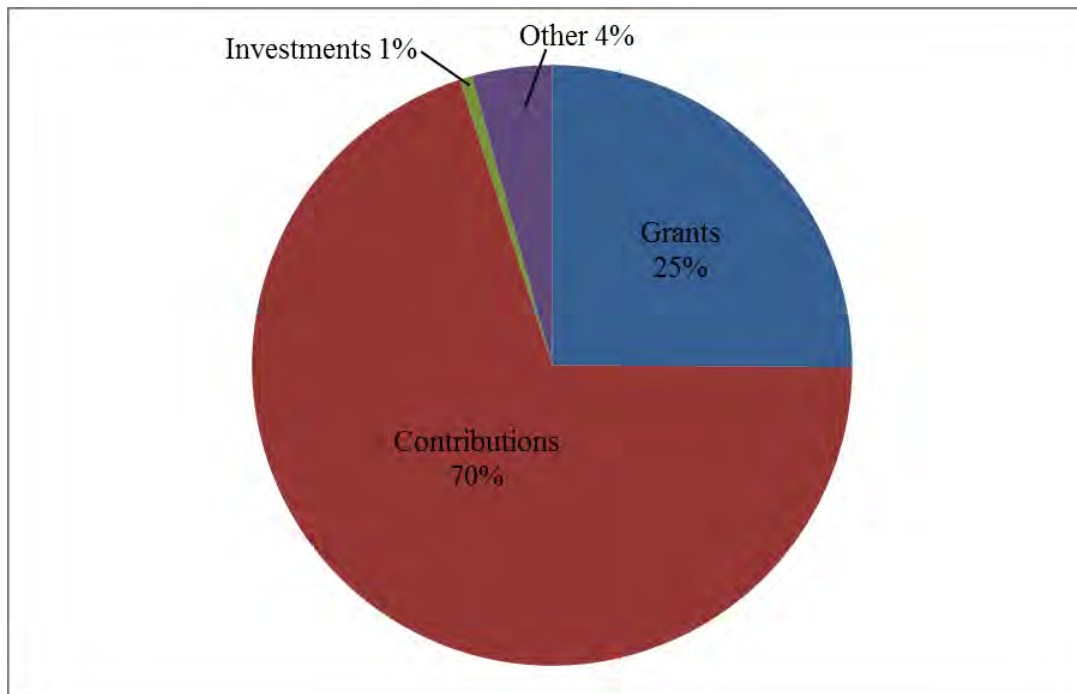

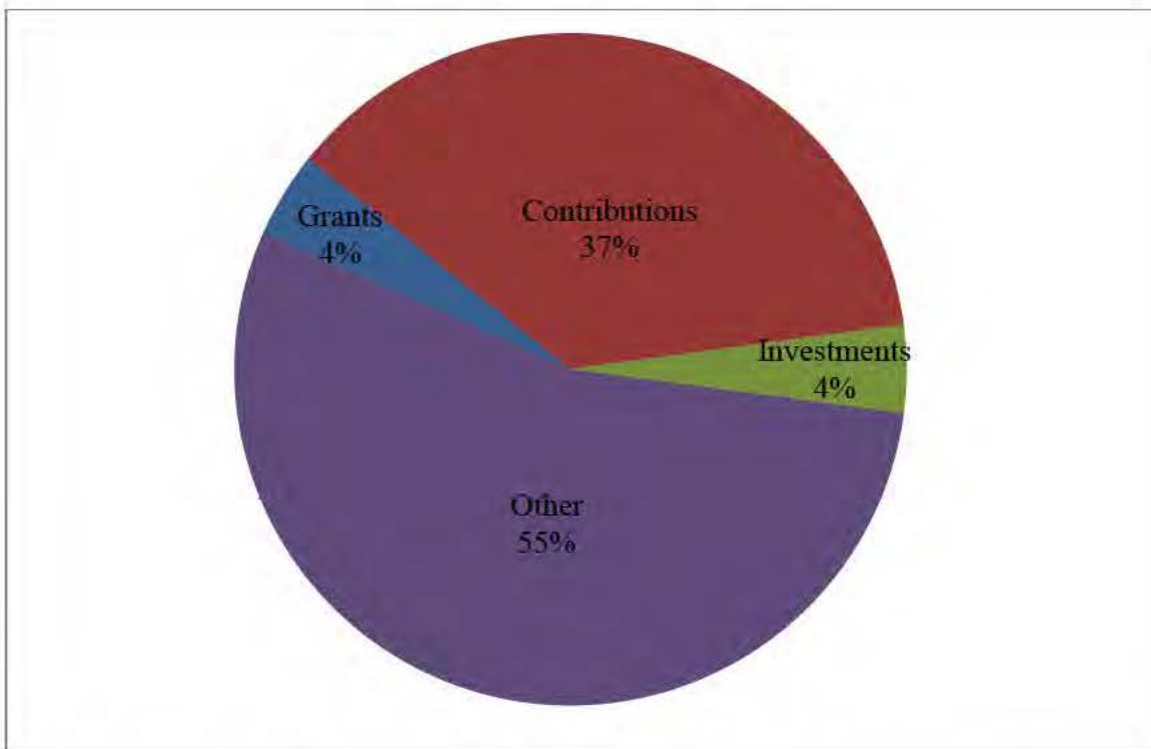Figure 2.   PACOM AOR Revenue Sources (after Nguyen & Curley, 2013)

Figure 3.   SOUTHCOM AOR Revenue Sources (after Nguyen & Curley, 2013)

Figures 1 and 2 depict a revenue source distribution for EUCOM and PACOM AOR NGOs in line with our expectations for sources of funds. It is reasonable to see that a majority of revenues are sourced via contributions and government grants (86% and 95% for EUCOM and PACOM AOR NGOs, respectively). A much smaller portion of revenue sources would be expected from investments and any of the various items that comprise the other category as these are not generally primary sources of revenue for non-profit entities (14% and 5% for EUCOM and PACOM AOR NGOs, respectively). However, the result for the SOUTHCOM AOR NGOs in Figure 3 was not as expected. These NGOs derive only 41% of revenues from contributions and grants and 59% from other and investments. Upon closer investigation this is apparently due to 2 significant outliers in the data: the American Red Cross and Baptist Health South Florida. In particular, the American Red Cross earned 65% of their revenue, over $2.2 billion, from activities such as blood banks and laboratory services. Baptist Health South Florida is a working hospital that earned 91% of its revenue, over $2.4 billion, from providing reimbursable healthcare. These are not unreasonable results given the nature of these two

organizations. If we remove these two outliers from the data as in Figure 4, we see a revenue source distribution much more in line with our expectations and those of the other two AOR NGOs.
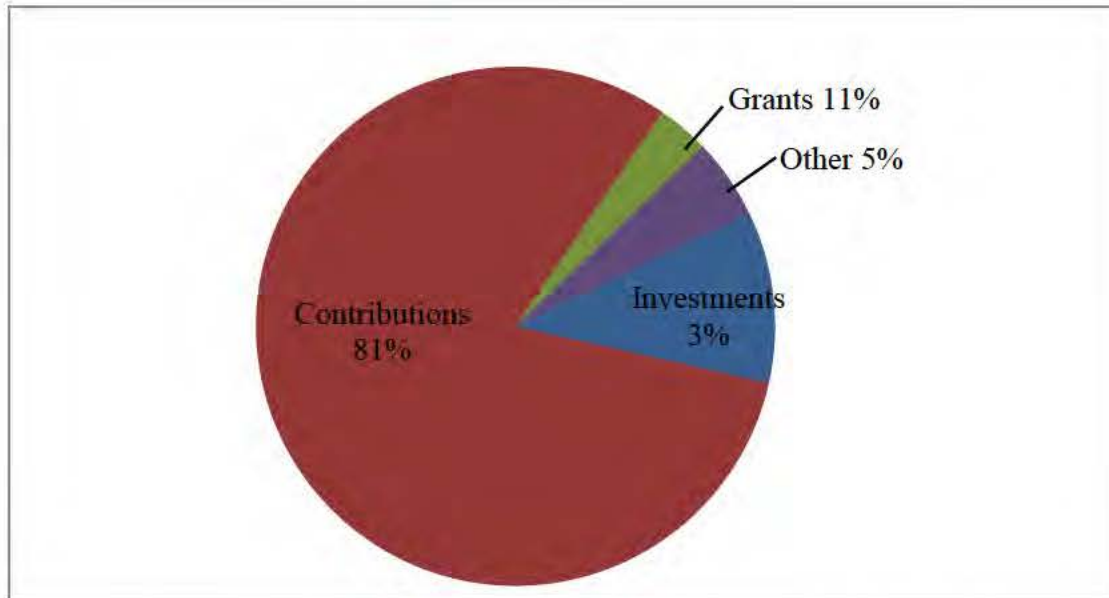

Figure 4.   Adjusted SOUTHCOM AOR Rev. Sources (after Nguyen & Curley, 2013)

2.   NGO Mission Efficiency

Mission efficiency of the examined NGOs was determined using the methodology applied by Nguyen and Curley (2013), in that we evaluated the ratio of total expenditures made in the provision of the NGOs' mission services, as opposed to management of the organization and fundraising, in light of criteria as set forth by the organization CharityWatch. CharityWatch stipulates that at least 60% of expenditures should be made in the provision of program services to achieve a "satisfactory" rating; an organization directing at least 75% of its expenditures toward program services would be considered "highly efficient" (CharityWatch, n.d.). Figures 5 through 7 depict the percentage of program (mission) expenditures and support expenditures for each of the NGOs, organized by AOR.
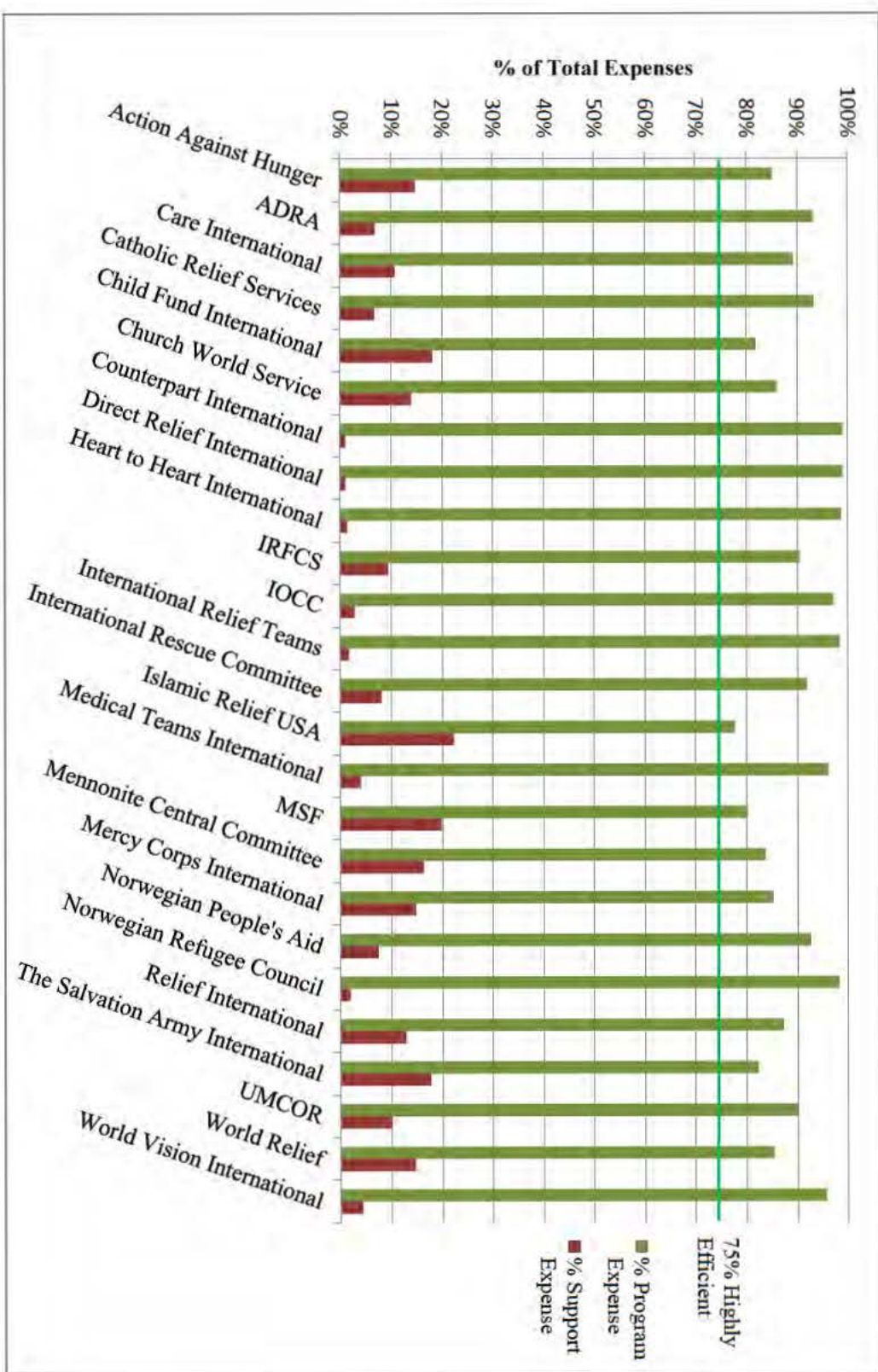
Figure 5. EUCOM AOR NGO Mission Efficiency (after Nguyen & Curley, 2013)
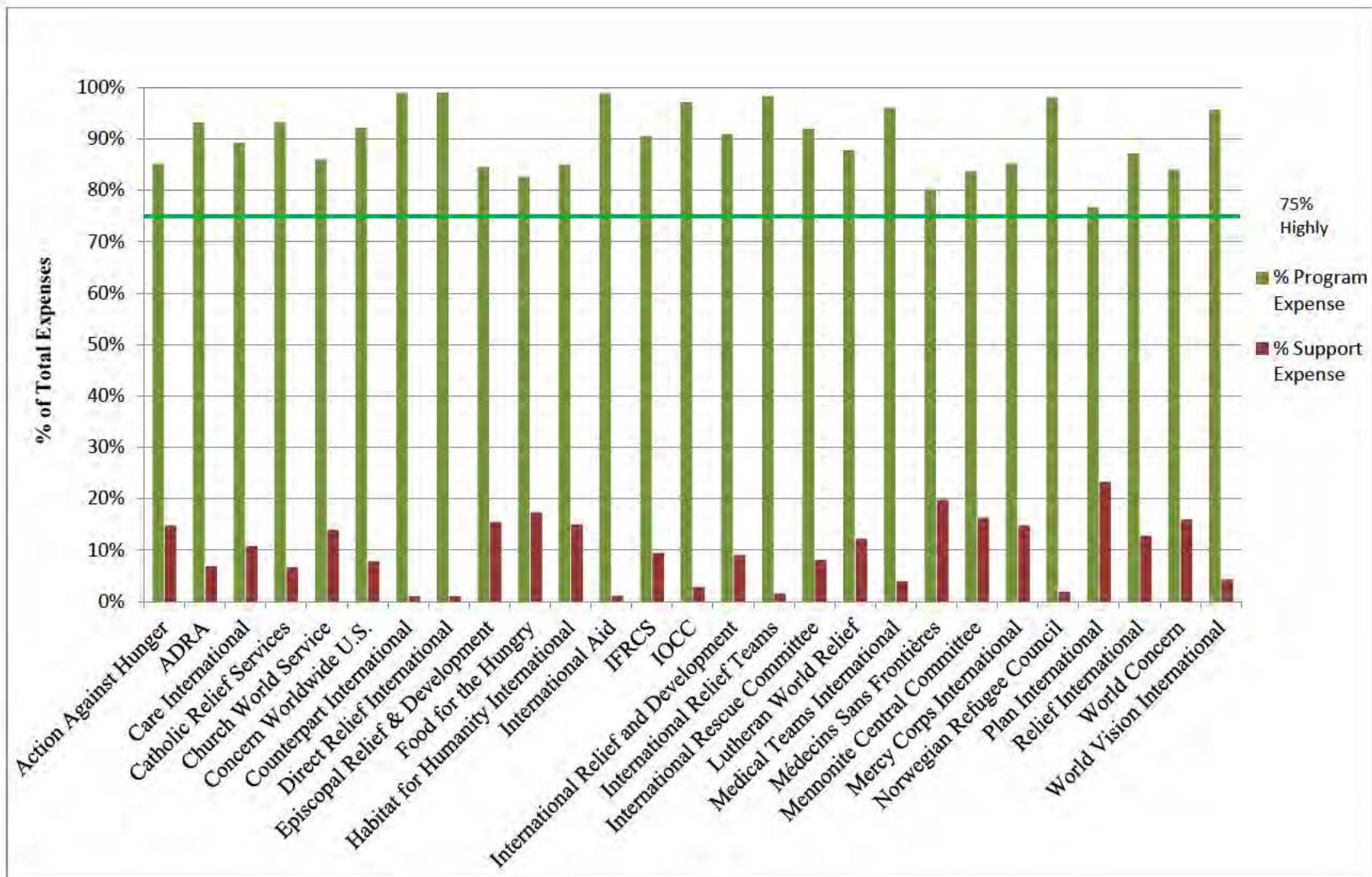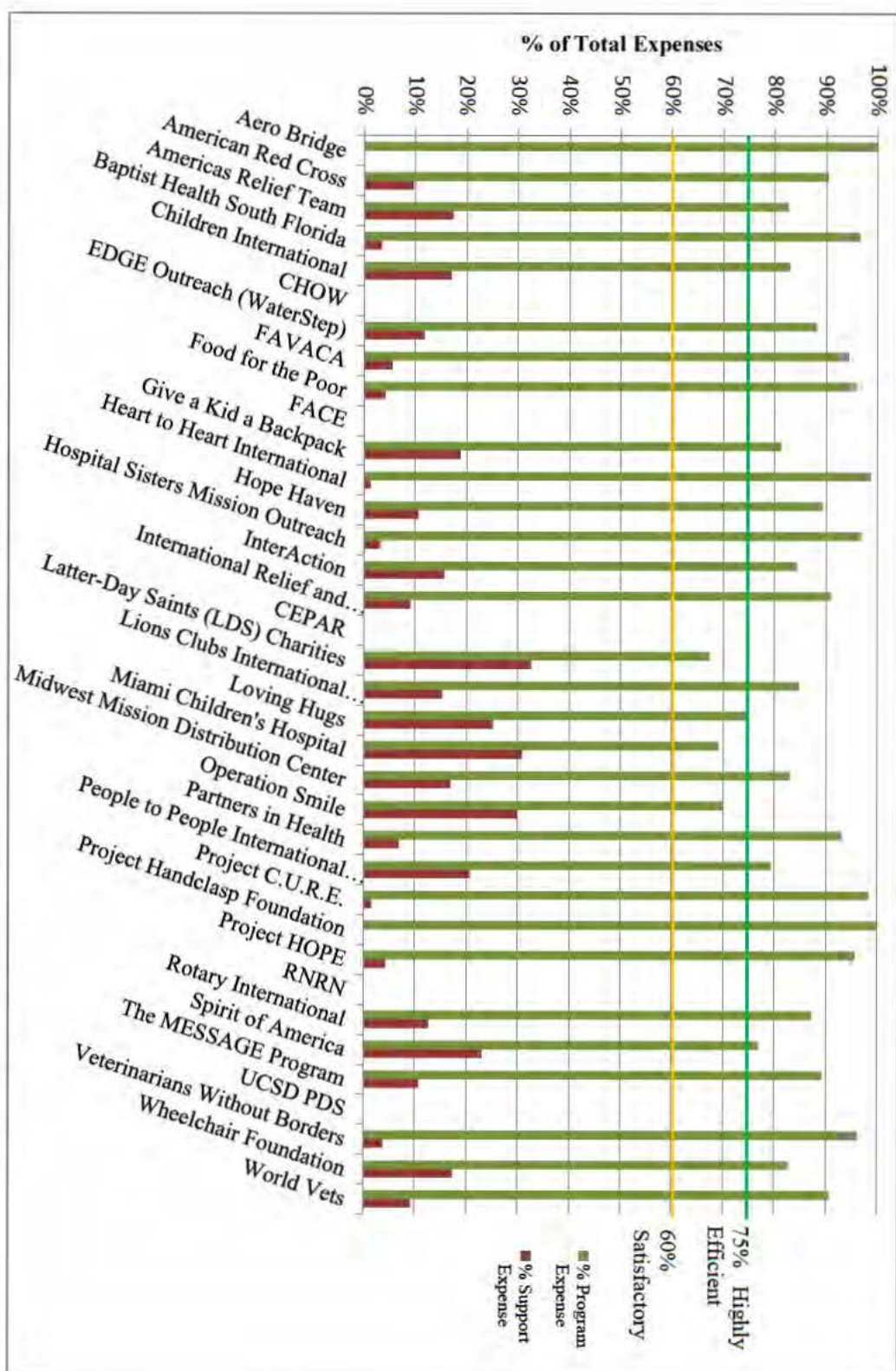
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Figure 6. PACOM AOR NGO Mission Efficiency (after Nguyen & Curley, 2013)

Figure 7.   SOUTHCOM AOR NGO Mission Efficiency (after Nguyen & Curley, 2013)

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The average mission efficiencies for EUCOM, PACOM, and SOUTHCOM AOR NGO are 90%, 89%, and 86%, respectively. As such, the overall mission efficiency in all three AORs is "highly efficient." Moreover, as depicted by the green line in Figures 5 and 6, all of the NGOs observed in EUCOM and PACOM are individually above the 75% threshold that earns them the "highly efficient" title. Of the 31 NGOs with reported financial data in the SOUTHCOM AOR, 90% of them are above the 75% "highly efficient" threshold as depicted by the green line in Figure 7. The remaining 10% (three NGOs), are above the 60% threshold to be considered "satisfactory" as depicted by the orange line in Figure 7. As such, none of the NGOs observed in the three AORs would be considered unsatisfactory in the efficient use of funds according to criteria set forth by CharityWatch. Conversely, a vast majority of the NGOs observed are "highly efficient."

3.   Budget Efficiency

The final analysis we performed concerning the financial information of the NGOs is their overall efficiency. For this analysis we took a different approach from that of Nguyen and Curley (2013). Their work evaluated NGO mission expenditures against the total revenue for the period to determine mission efficiency with respect to revenues generated. However, we feel that such an analysis does not provide meaningfully different information from our previous analysis of mission efficiency and somewhat overlooks the fact that revenues generated must also be applied to support activities if an organization is to continue as a going concern. In fact, an organization that applies nearly 100% of its revenues toward mission services could be showing signs of poor management and may be engaged in unsustainable activities. As such, we chose to analyze overall budget efficiency by comparing total expenses to total revenues for each of the NGO to determine if the NGOs are potentially operating in excess of their means. Figures 8 through 10 depict total expenses as a percentage of revenues for each of the NGOs, organized by AOR.
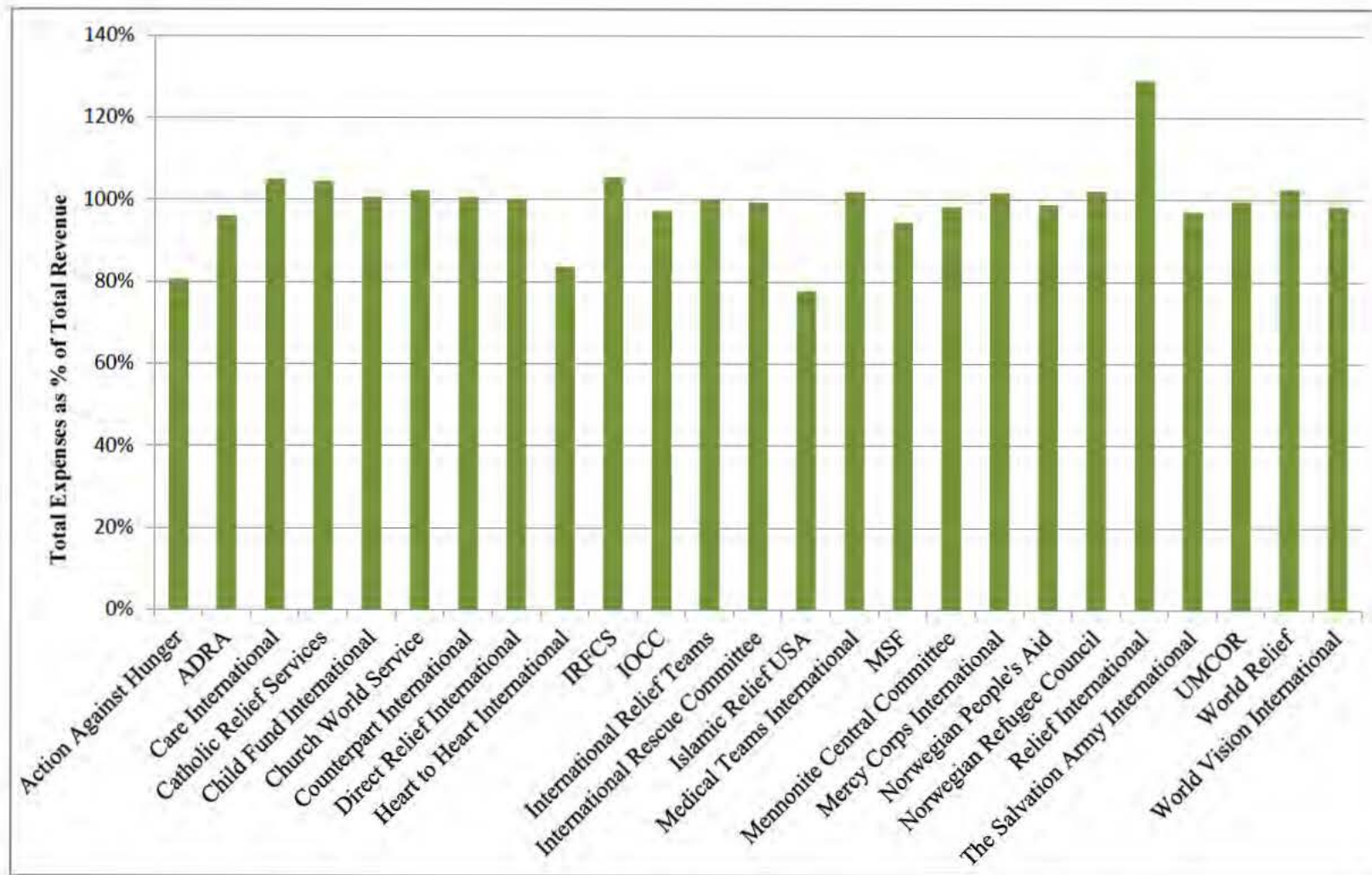
Figure 8. EUCOM AOR Budget Efficiency (after Nguyen & Curley, 2013)
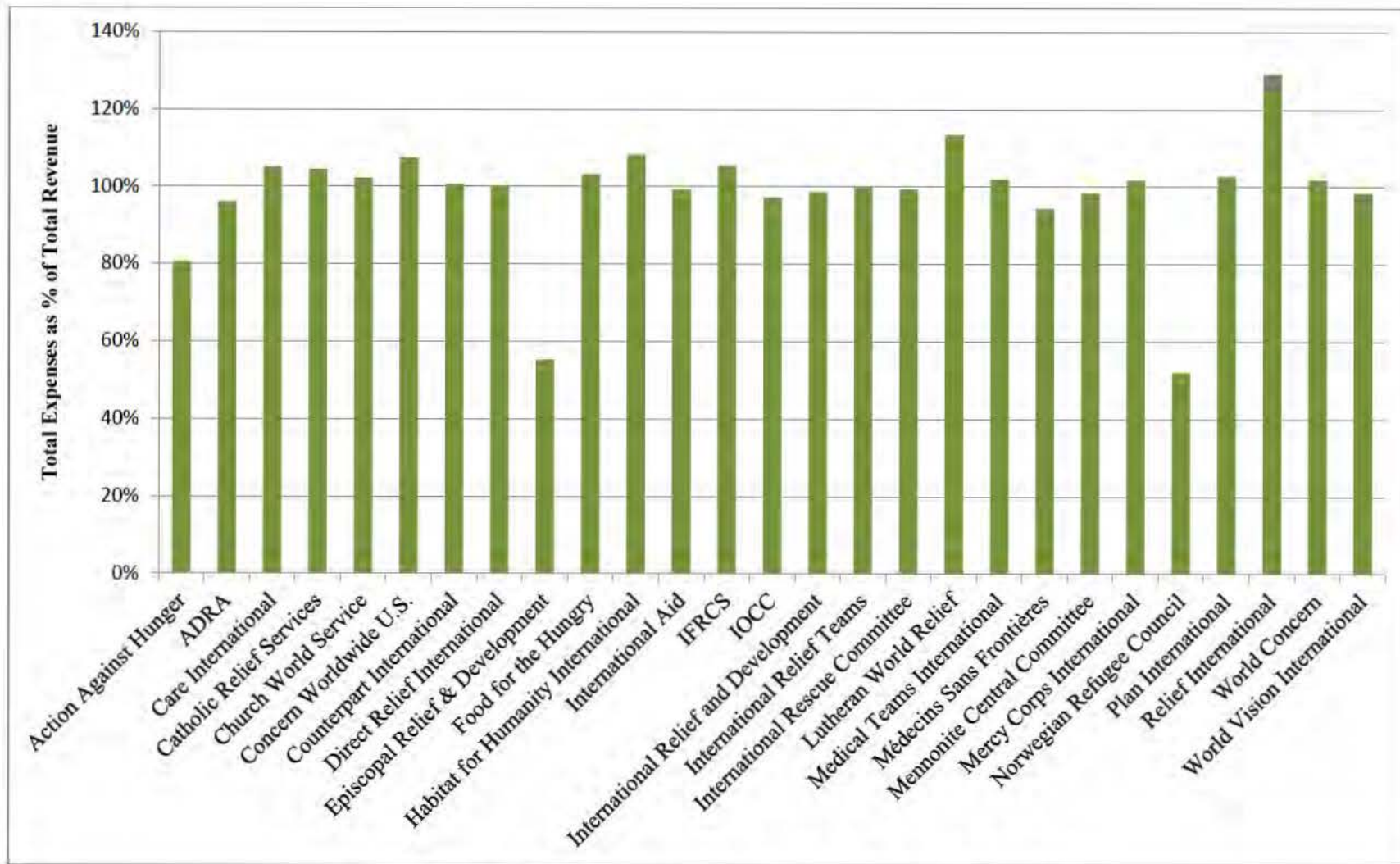
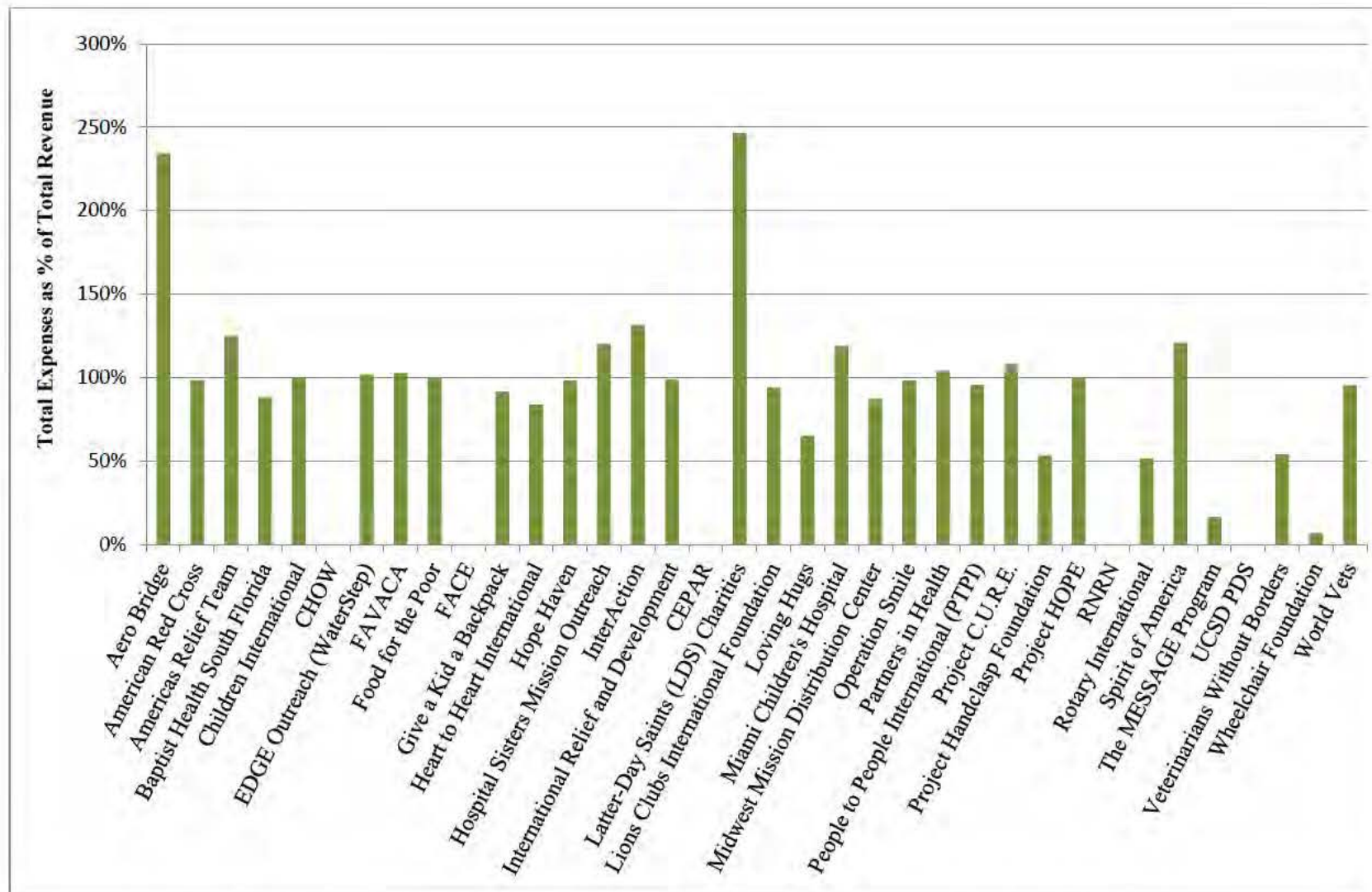Figure 9.   PACOM AOR Budget Efficiency (after Nguyen & Curley, 2013)

Figure 10.   SOUTHCOM AOR Budget Efficiency (after Nguyen & Curley, 2013)

Undoubtedly, there are countless reasons why an NGO may expend more or less of its total revenue for a given period. Such reasons could include a lack or excess of disasters requiring assistance, exceptionally good or bad fund raising, legal troubles, reorganization, or startup costs causing larger than normal support costs. Moreover, such figures to not take into account the value of so-called "sweat equity" this is certainly exemplary in each of these NGOs. Nonetheless, we can make general presumptions about the financial health of an organization based on its overall budget efficiency. As a means of evaluation, we classified the results of this analysis into three categories. If an NGO expended less than 100% of its revenues during the period was perceived as, at the very least, operating within its means and was categorized as efficient overall. NGOs with expenditures in excess of 100% and up to 110% would have been required to use retained assets to operate. These NGOs were perceived as showing signs of an inability to operate within its means and categorized as marginal. NGOs with expenditures in excess of 110% were perceived as clearly operating outside of its means and categorized as at-risk.

Figure 8 shows that 14 NGOs (56%) were efficient, 10 NGOs (40%) were marginal, and only 1 NGO (4%), Relief International, was at-risk for the EUCOM AOR. Figure 9 shows that 13 NGOs (48%) were efficient, 12 NGOs (44%) were marginal, and 2 NGOs (8%), Relief International and Lutheran World Relief, were at-risk for the PACOM AOR. Figure 10 shows that 20 NGOs (65%) were efficient, 4 NGOs (13%) were marginal, and 7 NGOs (22%), Aero Bridge, Americas Relief Team, Hospital Sisters Mission Outreach, InterAction, LDS Charities, Miami Children's Hospital, and Spirit of America, were at-risk for the SOUTHCOM AOR. As previously stated, there are a multitude of reasons for an NGO's particular financial efficiency. However, SOUTHCOM's apparently disproportionate amount of at-risk NGOs is likely due to the prevalence of earthquakes, hurricanes, and widespread poverty in SOUTHCOM. Consequently, this analysis has particular relevance in such an AOR where the demands on NGOs may easily exceed their capabilities. Across all AORs, 56% of NGOs are considered efficient, 32% are considered marginal, and 12% are considered at-risk.

C.   COMMANDER'S CUT CARDS

Another method used to indicate Sphere and financial results to the user of this information, based on the work of Harper et al. (2013), is presented in the "Commander's Cut Card" as provided in Tables 17-19 below. Here you will find, by COCOM, a listing of the four core competencies and each NGO's capability to carry out standards defining those competencies. In this chart, green indicates the NGO is capable to meet at least 50% of the functions per competency. Yellow indicates the ability to meet some amount less than 50%, and red indicates no ability at all in the listed competency. For any particular NGO that we found insufficient evidence to determine capability, the cell remains white. Moreover, financial information in the form of mission efficiency and budget efficiency are presented so that a user can compare Sphere capabilities with financial health when assessing NGOs. For mission efficiency, green indicates "highly efficient" as defined above.   Yellow indicates "satisfactory" and red indicates unsatisfactory.   For budget efficiency, green indicates efficient, yellow indicates marginal, and red is at-risk. Please note that a larger percentage is desirable for mission efficiency, but a lower percentage (closer to 100%) is desirable for budget efficiency.

1.   EUCOM AOR Commander's Cut Card

Presented in Table 17 is the EUCOM AOR Commander's Cut Card which provides a quick visual representation of both the Sphere competencies as well as financial efficiencies for each NGO evaluated.

Table 17.   EUCOM AOR Commander's Cut Card (After Harper et al., 2013)

EUCOM NGO	Sphere Core Competency				Financial	
	WASH	Food security and nutrition	Shelter, settlement and non-food items	Health action	Program Efficiency	Budget Efficiency
Action Against Hunger	green	green	red	red	85%	81%
Adventist Development and Relief Agency	green	green	green	green	93%	96%
Care International	green	green	green	red	89%	105%
Catholic Relief Services	green	green	green	green	93%	104%
Child Fund International	*	*	green	*	82%	101%
Church World Service	yellow	yellow	green	red	86%	102%
Counterpart International	red	green	yellow	green	99%	101%
Direct Relief International	red	red	green	green	99%	100%
Heart to Heart International	red	green	green	green	99%	84%
Intl. Fed. of Red Cross and Red Crescent Soc.	green	green	green	green	91%	105%
International Orthodox Christian Charities	green	green	green	green	97%	97%
International Relief Teams	green	*	*	green	98%	100%
International Rescue Committee	*	red	green	green	92%	99%
Islamic Relief USA	green	green	red	*	78%	78%
Médecins Sans Frontières	green	red	green	green	96%	102%
Medical Teams International	green	green	green	green	80%	94%
Mennonite Central Committee	green	green	green	red	84%	98%
Mercy Corps International	green	green	green	green	85%	102%
Norwegian People's Aid	red	red	green	red	93%	99%
Norwegian Refugee Council	green	green	green	red	98%	102%
Relief International	green	*	green	green	87%	129%
The Salvation Army International	red	red	green	green	82%	97%
United Methodist Committee on Relief	green	yellow	yellow	green	90%	100%
World Relief	yellow	green	green	green	85%	103%
World Vision International	green	green	green	green	96%	98%
green	Sphere = min. 50% capability; Program = Highly Efficient; Budget = Efficient					
yellow	Sphere = < 50% capability; Program = Satisfactory; Budget = Marginal					
red	Sphere = no capability; Program = Unsatisfactory; Budget = At-risk					
*	Indicates insufficient data to determine capability or financial efficiency					

2.   PACOM AOR Commander's Cut Card

Presented in Table 18 is the PACOM AOR Commander's Cut Card which provides a quick visual representation of both the Sphere competencies as well as financial efficiencies for each NGO evaluated

Table 18.   PACOM AOR Commander's Cut Card (After Harper et al., 2013)

PACOM NGO	Sphere Core Competency				Financial	
	WASH	Food security and nutrition	Shelter, settlement and non-food items	Health action	Program Efficiency	Budget Efficiency
Action Against Hunger	green	green	red	red	85%	81%
Adventist Development and Relief Agency	green	green	green	green	93%	96%
Care International	green	green	green	red	89%	105% (yellow)
Catholic Relief Services	green	green	green	green	93%	104% (yellow)
Church World Service	*	*	green	red	86%	102% (yellow)
Concern Worldwide U.S.	green	green	green	green	92%	107% (yellow)
Counterpart International	red	green	yellow	green	99%	101% (yellow)
Direct Relief International	red	red	red	red	99%	100%
Episcopal Relief & Development	green	green	green	green	85%	55% (yellow)
Food for the Hungry	green	green	yellow	green	83%	103% (yellow)
Habitat for Humanity International	red	green	green	green	85%	108% (yellow)
International Aid	yellow	red	green	green	99%	99%
Intl. Fed. of Red Cross and Red Crescent Soc.	green	green	green	green	91%	105% (yellow)
International Orthodox Christian Charities	green	green	green	green	97%	97%
International Relief and Development	green	green	green	green	91%	99%
International Relief Teams	green	*	*	green	98%	100%
International Rescue Committee	*	green	green	green	92%	99%
Lutheran World Relief	yellow	red	green	red	88%	113% (red)
Médecins Sans Frontières	green	red	green	green	96%	102% (yellow)
Medical Teams International	green	green	red	green	80%	94%
Mennonite Central Committee	green	green	green	red	84%	98%
Mercy Corps International	green	green	green	green	85%	102% (yellow)
Norwegian Refugee Council	green	green	green	red	98%	52% (yellow)
Plan International	green	green	red	green	77%	103% (yellow)
Relief International	green	*	green	green	87%	129% (red)
World Concern	green	green	green	green	84%	102% (yellow)
World Vision International	green	green	green	green	96%	98%
green	Sphere = min. 50% capability; Program = Highly Efficient; Budget = Efficient					
yellow	Sphere = < 50% capability; Program = Satisfactory; Budget = Marginal					
red	Sphere = no capability; Program = Unsatisfactory; Budget = At-risk					
*	Indicates insufficient data to determine capability or financial efficiency					

3. SOUTHCOM AOR Commander's Cut Card

Presented in Table 19 is the SOUTHCOM AOR Commander's Cut Card which provides a quick visual representation of both the Sphere competencies as well as financial efficiencies for each NGO evaluated

Table 19. SOUTHCOM AOR Commander's Cut Card (After Harper et al., 2013)

SOUTHCOM NGO	Sphere Core Competency				Financial	
	WASH	Food security and nutrition	Shelter, settlement and non-food items	Health action	Program Efficiency	Budget Efficiency
Aero Bridge	red	yellow	yellow	green	100%	234% (red)
American Red Cross	green	green	green	green	90%	98%
Americas Relief Team	green	green	green	green	83%	125% (red)
Baptist Health South Florida	yellow	yellow	red	yellow	97%	88%
Children International	green	yellow	yellow	yellow	83%	100%
Cortland Humanitarian Outreach Worldwide	yellow	yellow	yellow	yellow	*	*
EDGE Outreach (WaterStep)	green	yellow	yellow	green	88%	102% (yellow)
Florida Association for Volunteer Action in the Caribbean and the Americas	yellow	red	red	green	94%	102% (yellow)
Food for the Poor	red	green	green	green	96%	100%
Foundation for the Advancement of Children's Esthetics	yellow	yellow	yellow	yellow	*	*
Give a Kid a Backpack	red	yellow	yellow	red	81%	91%
Heart to Heart International	green	green	green	green	99%	84%
Hope Haven	green	green	green	green	89%	98%
Hospital Sisters Mission Outreach	green	green	green	green	97%	120% (red)
InterAction	green	green	green	green	84%	131% (red)
International Relief and Development	green	green	green	green	91%	99%
Johns Hopkins Office of Critical Preparedness and Response (CEPAR)	yellow	yellow	red	green	*	*
Latter-Day Saints (LDS) Charities	green	green	green	green	67% (yellow)	247% (red)
Lions Clubs International Foundation	green	green	green	green	85%	94%
Loving Hugs	red	red	red	red	75%	65%
Miami Children's Hospital	yellow	yellow	yellow	yellow	69% (yellow)	119% (red)
Midwest Mission Distribution Center	red	yellow	yellow	green	83%	87%
Operation Smile	yellow	yellow	yellow	green	70% (yellow)	98%
Partners in Health	red	red	red	green	93%	104% (yellow)
People to People International (PTPI)	red	red	red	red	79%	96%
Project C.U.R.E.	green	green	green	green	98%	108% (yellow)
Project Handclasp Foundation	red	green	yellow	green	100%	53%
Project HOPE	green	yellow	red	green	96%	100%
Registered Nurse Response Network (RNRN)	yellow	yellow	red	green	*	*
Rotary International	green	green	green	green	87%	52%
Spirit of America	red	red	red	yellow	77%	121% (red)
The MESSAGE Program	red	red	red	green	89%	16%
University of California San Diego Pre-Dental Society	yellow	red	red	yellow	*	*
Veterinarians Without Borders	green	green	green	green	96%	54%
Wheelchair Foundation	red	red	red	green	83%	7%
World Vets	yellow	yellow	red	yellow	91%	95%
green	Sphere = min. 50% capability; Program = Highly Efficient; Budget = Efficient					
yellow	Sphere = < 50% capability; Program = Satisfactory; Budget = Marginal					
red	Sphere = no capability; Program = Unsatisfactory; Budget = At-risk					
*	Indicates insufficient data to determine capability or financial efficiency					

This chapter offers NGO data in a useful format for commanders confronted with an HA/DR situation. The Aggregate Scorecard facilitates a succinct indication of Sphere Project capabilities for each NGO. The graphic representation of financial resources and efficiencies provides a clear indication of NGO financial health. The Commander's Cut Cards tie the two sections together in a single reference.

V. CONCLUSIONS AND RECOMMENDATIONS

This chapter briefly summarizes the information found in chapter three and analyzed in chapter four for both the Sphere Model capabilities and NGO financial analytics. This report concludes with a discussion of potential avenues for future continuation of the work performed and provided here.

A. SUMMARY

This study sought to determine multiple Non-Governmental Organization (NGO) capabilities among the four core competencies defined by the Sphere Model for the Areas of Responsibility (AOR) including European Command (EUCOM), Pacific Command (PACOM), and Southern Command (SOUTHCOM). The four competencies are: 1) Water supply, sanitation, and hygiene promotion; 2) food security and nutrition; 3) shelter, settlement and non-food items; and 4) health action. The Sphere Handbook describes these competencies in terms of functions, some of which are subsequently broken into sub-functions. Each of these functions are composed of standards that define actions that must be accomplishable in order for an NGO to be considered capable of providing Humanitarian Assistance / Disaster Relief (HA/DR) in accordance with the Sphere Model.

The capabilities study followed the methodology used by a prior Navy Postgraduate School work, conducted by Harper et. al. (2013). The primary method used to determine capabilities of each NGO was via investigation of the respective NGO's published website. If the NGO website provided ample indication of being able to meet at least half of the Sphere Model standards used to define a (sub)function, then that NGO was considered capable of providing utility to a Commander for that *function*. If at least half of the functions that compose a core competency were accomplishable, then that NGO was considered capable of providing utility to a Commander for that particular *competency*.

Chapter 3 provides a detailed account of all research conducted on the determination of capabilities down to the level of breaking out sub-functions then

building up through functional capabilities, and ultimately determining an NGO's ability to provide broad usefulness to a commander if deemed capable of meeting 50% or more of a competency's functions. This information is displayed in the Score Card for each NGO (Tables 4-13).

Chapter 4 provides two different presentations of the capability results found in the Score Card of Chapter 3. The first is an Aggregate Score Card (Tables 14-16), which only presents whether or not each NGO is considered to be capable in each of the four core competencies. Capability for this report indicates that an NGO is able to meet at least 50% of the functions that define a competency. Finally, the results are presented in the Commanders Cut Cards (Tables 17-19), which presents a color coded quick reference to NGO core competency acumen. These tables also portray the NGOs' relevant financial information that may be useful in a Commander's decision making process.

Care must be given to the selection of a useful NGO dependent on the required HA/DR capabilities needed for each unique global situation. While the tabulations found in chapter four provide a quick guide for consideration of an NGO, caution is warranted to not completely ignore the fact that many NGO's do provide some level of capability toward a competency (water, food, shelter, health) but failed to meet the 50% cutoff used to define a "more likely to be capable than not" level of utility. Commanders are encouraged to use the results in chapter 4 as a high level starting point for NGO selection. However, should more capability be required in an emergent situation, delve through the information presented in the full Score Card of chapter 3 for nuanced albeit limited capacity to meet requirements for HA/DR.

Additionally, this project evaluated financial information reported by each of the 88 NGOs across three AORs and applied analysis techniques from Nguyen and Curley (2013). Our initial task was to review the sources of revenues and types of expenditures and categorize them into four revenue types and 2 expense types. Once this information was categorized it was possible to use it for various financial analyses.

First, we assessed the revenue sources for each NGO in each AOR. As expected for non-profit organizations, a vast majority of revenues were obtained from

contributions and government grants. To a much lesser degree, revenues were also sourced via investments and other activities such as product sales and services. However, such revenues were immaterial to the overall revenue streams for an overwhelming majority of NGOs.

Next, we compared expenditure categories for each NGO to determine mission efficiency, or the percentage of expenditures that was dedicated to the primary mission of the NGO. Using this information, we assessed the performance of each NGO in accordance with criteria as set forth by the organization CharityWatch. The average mission efficiency for all AORs qualified as "highly efficient" in accordance with these criteria, as did each NGO individually in EUCOM and PACOM. In SOUTHCOM, 90% qualified as "highly efficient" with the remaining 10% achieving a "satisfactory" rating. These results provide a level of confidence that NGOs investigated in the observed AORs are generally efficient and legitimate with respect to delivery of program services.

Our final financial analysis broke from the techniques of Nguyen and Curley (2013), in that we compared total expenses to the total revenues for the observed period to determine a measure of overall budget efficiency, or a determination of whether the NGOs were operating within their means. As a means of evaluation, budget efficiency was categorized as efficient, marginal, or at-risk based on how much of current period revenues were expended in the current period. A total of 56% NGOs were considered efficient, 32% marginal, and 12% at-risk. Marginal and at-risk NGOs are certainly not to be dismissed as inefficient, but there may be cause to look closer at their ongoing efficiency if a relationship with the DOD is to be maintained.

B.   RECOMMENDATIONS FOR FUTURE WORK

As this report focused specifically on the NGOs of three COCOMs, a clear area for expanded research would be to apply our procedures to the remaining COCOMs. Moreover, the research need not be limited to COCOMs and can be applied to any geographic or political region based upon intended users. For example, this methodology could be narrowed to just western Africa or New England to obtain a very specialized NGO network.

Due to limitations on the scope of this project, further investigation could be conducted to expand this project's utility. It is recommended that additional effort be placed on the NGOs whose information is incomplete. NGOs that did not present information pertaining to the functions and standards of competencies on their website were further investigated by attempting direct communication, frequently without success. Follow up attempts to derive information from these NGO's may provide additional resources relevant to Commanders.

Only a limited number of NGOs were included in each AOR presented in this report, and each of these NGOs investigated was determined from the prior works of NPS projects. We recommend that additional NGOs be considered in each of the three AORs that this report summarizes.

Future efforts to expand or replicate this report should consider direct interaction with the AOR of concern in order to determine if there are any particular NGOs that the commander is especially interested or, just as importantly, not interested in due to unique geo-political considerations.

For purposes of determining whether or not NGO's are able to meet the requirements of the Sphere Model's core competencies, future consideration should be made to directly interviewing the NGO as opposed to relying on that NGO's website as the primary source of documentation. During investigation of the NGO's for this report, the authors found that NGO websites are not necessarily designed to provide the level of detail required to determine if the standards are met that define the functions composing core competencies. Rightly, NGO websites are designed more for soliciting funds and volunteers than for listing technical and irrelevant information that an average reader of the website would find not useful.

This report looked at only a single financial reporting period for each of the NGOs. Although some conclusions can be reached from this information and the analysis is meaningful, it is somewhat incomplete in that it cannot demonstrate trends. A more comprehensive analysis of financial health and efficiency would include comparative data collected over three to five periods of financial reporting. This allows

assessment of trends, particularly in overall budget efficiency, which could confirm or assuage concerns over an organizations ability to operate.

The primary sources of revenues for NGOs are contributions and government grants. Although this report confirmed this fact by reviewing financial reporting documents, no assessment of contribution or grant sources was conducted. As NGOs rely heavily on these resources, an evaluation of primary sources of contributions and grants can reveal risk if they are concentrated in one or few donors. Furthermore, such a concentration could also imply undue influence asserted from contributors on the NGOs that may impact their ability to provide services under certain circumstances.

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